ABSTRACT
OF
Clinical Lectures
ON
SURGERY.

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LECTURE III.

ON FOUR CASES OF DISEASE OF THE KNEE-JOINT.

GENTLEMEN,—During the past ten days I have, as you are well aware, performed the operation of amputation through the thigh four times. In each instance disease of the knee-joint existed. The clinical aspect of these cases teems with suggestions, all of them important in the daily round of practice; while the pathological aspect, appealing as it does more directly to your eye with a prodigal liberality of facts, is at once most embarrassing to the lecturer in the abundance of its riches, and interesting to the student in the variety of its store.

With four such cases under notice at once, it becomes a serious question how best to utilise the information at our disposal. To secure this end I propose first to read to you the history of each case, and make a few observations in passing on special points which seem to require notice; we can afterwards go shortly into more general questions of pathology and practice which the review of such a series of cases of joint disease will enable us to do.

CASE 1.—John W——, aged twenty-nine, a dairyman, living at Brixton, was admitted on September 20th, 1871. His family history is good, and no history of tumour of any kind is known of amongst his relatives. No rheumatism or gout in his parents. The patient has had a winter cough for two or three years, though he has not been troubled with much expectoration; a year ago, however, he spat-up phlegm streaked with blood two or three times. He wasted also a little at this time. He has never been laid up with rheumatism, but has occasionally had "a touch of rheumatics" in his shoulders.

On admission the man stated that a month ago he was quite well, and could walk as well as anyone. He went to bed one night in perfect health, but during sleep his left knee became swollen, and the next morning it was nearly the same size as it is now (Sept. 20th), and he was quite unable to walk or to bear any weight upon it. It was red, hot, and very painful. He had received no injury of any kind to his knowledge in his previous day's work. The joint continued to increase slightly in size up to the time of his admission.

He is a spare and delicate man, with hollow cheeks and phthisical look. There is evidence of some consolidation at the right apex, but without any disorganisation, of the lung. The heart's action is irregular, with loud systolic, hoarse murmur, equally loud beneath the left as beneath the right clavicle, and also extending downwards to the apex.

His left knee is flexed at an angle of 120 degrees, and he cannot voluntarily either flex or extend it more than this; but the joint can be flexed to a greater angle by another person. The parts are swollen, the skin being white, tense, and shining. There is some thickening of tissues about the joint, and there is also increased heat of it. On more careful examination, it is found that some fluid exists in the joint cavity; but the patella and condyles of the femur have a normal relation to each other, while the lower margin of each condyle, as it rolls upon the head of the tibia, can be fairly defined. The greater part of the swelling about the joint is, however, altogether below the femur, and apparently in the head of the tibia; especially is this to be noticed over the inner side of the internal tuberosity. Here there is a large, somewhat elastic, rounded protuberance, bulging inwards and greatly distorting the outward form of the joint. At the most prominent spot there is some fluctuation, while all over the knee there is more or less pain on pressure; at some spots this is very severe. The tibia below its head does not appear to be expanded. The left knee measures at its largest part 14 inches, as compared with 12 inches, the measurement of the sound knee at about the same spot. The glands in the groin are not enlarged.

The joint was placed on a back-splint with a foot-piece, and he had some iodide of potassium given him, and ten grains of Dover's powder every night. In three weeks' time a slight reduction in size had taken place in the joint (½ in.) At the end of October, however, it was again 14 inches in circumference, and had increased to 14½ inches by Nov. 20th. A grooved needle was introduced into the inner swelling on Nov. 6th, and a little greyish, mucus-like material was withdrawn on it. This, when examined microscopically, was found to consist of epithelium-like cells undergoing a fatty change.

On Nov. 27th the joint presented the following appearances as compared with those noted on his admission:—It is still flexed at an angle of 120 degrees. The joint is much distorted, the tibia being rotated outwards, and the patella displaced in the same direction, apparently resting quite on the external condyle of the femur. There is fluctuation on the inner side of the patella, and also to its outer side and below it. Over the inner tuberosity of the tibia there still exists the smooth rounded eminence noticed on his admission, and the shaft of the femur above the condyles is expanded, measuring roughly 3 inches to 2½ inches on the other side. His temperature keeps daily at 99·5°.

Amputation was performed on Nov. 28th. Lateral skin-flaps were made, and the muscles cut through circularly. The vessels were secured by torsion. The whole operation was conducted under carbolic spray.

The joint contained a large quantity of curdy, yellow, semi-coagulated lymph. The whole of the synovial membrane was swollen, gelatinous, and vascular; more especially was this the case at the angles of reflexion, where the membrane passed from the soft parts on to the bone. The bones were much displaced, the tibia being rotated outwards and pulled somewhat backwards, while the femur was turned in the opposite direction. The entire mass of the swelling over the inner side of the joint was caused by this rotation of the femur and consequent prominence of the internal condyle. Over the articular surface of the latter the cartilage was eroded and rough bone exposed. A corresponding patch of the articular surface of the inner tuberosity of the tibia was in a like state. Indeed, only at this spot did the bones appear to have come in contact; but by the displacement there was increased pressure here between the bones, so that the tibia was hollowed out, forming a shallow cavity for the internal condyle. The cartilage over the other parts of the articular surface was yellowish and of less consistence than normal. Microscopically, the cartilage cells were all in an early state of fatty degeneration. The crucial ligaments also, though entire, were soft and easily cut through.

I will now show you the parts which have been described, and you may see the great thickening of the synovial membrane and the softening of the ligaments. You will also notice that the bones themselves are not greatly diseased.

The especial interest of this case to me lies in the fact that I made an error in diagnosis. My impression was, that we had to do with a *growth* in the head of the tibia. I arrived at this conclusion—and not only I, but several most distinguished surgeons who saw the case with me—from the history which the patient gave us of enlargement of the joint within the last month or two, and because during the time of his sojourn here the circumference of the joint had gradually increased in size, this increase being chiefly local (as it was thought, in the head of the tibia), and a large rounded prominence gradually projected on the inner side of the joint. I may also tell you that there was no displacement of the leg from the femur when admitted, though the tumour to the inner side of the knee was then well marked. Latterly there has been much distortion, the foot being rotated outwards. You may now see that not the least sign of new growth existed, but that the whole of the tumour, forming what was supposed to be probably a myeloid formation, was produced by a dislocation of the femur partially off the tibia, but more particularly by an extraordinary amount of inward rotation of the thigh, which caused the internal condyle to be very unusually prominent. Look at

and examine the parts well, for unless one had seen them and the patient it would be hardly possible to believe that such a condition of things could so simulate a growth.

CASE 2.—Thomas F——, aged twenty-two, an oil-warehouseman, was admitted on the 16th of November. He states that his mother has had rheumatic fever, but there is no tendency to consumption or gout in his family. The object of these remarks is of course to show that our patient has no marked hereditary predisposition. In many cases this is a very important observation to make, and I advise you strongly always to attend to it in drawing up reports for others, or in taking notes for your own benefit. This man was in Naaman ward nine years ago, under my care, for cleft palate, and he was operated upon at that time. He kept strong and hearty till two years ago, when his right knee-joint became stiff very slowly. He was soon unable to move it, and the knee began to swell, but to his knowledge it was never red or hot. He walked about on the leg without any pain till three months ago, but since then he has had nothing but pain night and day, and the limb starts much when he drops off to sleep. He was in Lazarus ward fifteen months ago, under Mr. Birkett. The limb was swollen then just as it is now, but he had considerably more use in it. Splints were applied while in the hospital, but he has not continued their use since he left. Latterly he has had a cough, and spat up some blood a month ago.

He is an unhealthy-looking man, with sallow and pasty complexion, and with a large mass of hypertrophied glands behind the sterno-mastoid on the right side, and also to a less degree on the left. He talks very indistinctly, from the fault in his palate, though the operation for uniting the edges of the cleft has succeeded to a great extent. I may observe on this point that, unless the operation for cleft palate be performed at an early age, hardly any advantage accrues to the patient in the way of enabling him to talk more plainly. It is a question whether surgical aid should in such cases be rendered in early life, or whether it should be deferred till after puberty. The late operation, while it has many advantages both during its performance and in the after-treatment, yet has this one great drawback, that articulation is very little if at all improved. Knowing this, I advise you, should such cases come before you, not to operate at the very earliest periods of life, but to wait till the child is about two years old; after that age has been reached, the sooner the operation is done the better. Such was not always my opinion; but, as the result of a larger experience, I have during the last twelve years modified my views on this point. I admit that judgments deliberately formed and expressed should not be hastily changed, but the further teachings of a number of years would vindicate the right of anyone to make such a change.—To return to the report before us. There is evidence of old lung consolidation at one apex, but no signs exist of any recent disease. The diseased limb is much wasted, the measurement being two inches and a half less round the thigh of the right than of the left leg, three inches above the joint. Be very accurate in your measurements, gentlemen; never use such relative terms as "larger" or "smaller," but always give the exact amount in inches or lines. The question of size is oftentimes a most important one, and will influence a diagnosis or determine a certain line of treatment. The skin is normal over the joint. The cavity is distended with fluid. Fluctuation can be felt on each side of the patella, which bone is easily felt, and movable, though with pain to the patient. The slightest attempt at movement of the limb gives excruciating pain. The bones are all in their proper relative positions, though the inner side of the head of the tibia is prominent. The bones are not enlarged beyond the joint. The limb is kept in a nearly extended posture. There is considerable enlargement of the glands in the groin. Urine not albuminous, specific gravity 1018. Since admission his chief complaint has been of pain. The temperature in the axilla has been daily over 101°; and his pulse is quick, 108 to 112 per minute. The operation of amputation was performed by lateral skin-flaps, with a circular division of the muscles, and the vessels were secured by torsion.

On examining the diseased joint, of which a section has been made for you, you will notice these conditions: that the synovial membrane is thickened wherever it can be found, and that is only at the sides of the joint where reflected from the bone on to the soft parts; that it is very vascular, and covered with yellow flaky lymph; and that the cartilages of the joint have all disappeared, leaving a vascular surface of bone. Notice also that this vascular part is in marked contrast with a dull-yellow patch of large extent on the articular surface of the external condyle of the femur, and also with a smaller one on the corresponding surface of the head of the tibia. A section of the bones made vertically shows these patches to be continuous with a dull-yellow patch which extends for some way (half an inch) into the cancellous tissue of the bone, and which is marked off from the rest of the bone by a red or vascular margin. This is what used to be called tubercle in the bone. I shall not call it so, seeing that tubercle is so very rare in bones; we will call it rather degenerating inflammatory product. Notice also that the vascularity of the bone has quite disappeared for some way up the shaft, and is replaced by a yellow, fatty-looking, soft, cancellous structure, filled with purulent contents and fat-globules.

CASE 3.—Samuel G——, aged twenty-three, a ship's porter, living in the Borough, was admitted on the 24th of August, 1871. The patient's father died of consumption at the age of thirty-seven. His mother is healthy. He had small-pox three years ago, with which exception he has always been well and hearty till six months ago. He then received a blow on the neck, which caused an abscess to form on the right side. A week or two afterwards, without any previous injury, he experienced, in walking, pain in his right knee. No swelling was to be noticed. He managed to get about for a fortnight, and was then admitted into a provincial hospital. While in this institution an abscess formed on the outer surface of the lower third of the thigh. He left in ten or eleven weeks, with his leg bent a little, but able to walk, though with some pain, on the ball of the toe. Three or four days later he was admitted to Guy's Hospital in the undermentioned state:—The right leg is bent at an angle of about 100° with the thigh. The knee is uniformly swollen, and the patella immovable (?). Motion is impaired in the hip and ankle-joint on this side; while at the knee flexion is good, but extension very limited. Circumference of the diseased joint, 14¼ inches; of the sound one, 12½ inches. The calf of the right leg is 14¼ inches, as compared with the other, which is only 10¼ inches. The skin of the knee and calf is natural. An opening exists on the outer side of the thigh, three or four inches from the joint, and a good deal of thick discharge comes from it. His general health seems fair. He has irregular scars of suppuration in the cervical glands on both sides of the neck.

The limb was placed on a splint and gradually straightened, and ultimately was placed upon a piece of perforated zinc; and a gum-and-chalk bandage was applied to keep the parts motionless and in place. The bandage was taken off on Nov. 27th, and the joint found in much the same condition as when he came in; discharge very profuse, and pain on the least motion excessive.

On Dec. 5th (the day before the operation) this was his condition:—The leg is straight, with the toes slightly turned inwards. The joint is still uniformly distended with fluid above and to the outer and inner side of the patella; below this bone all the tissues are much thickened and resistant. The patella is separated by fluid from the condyles, and can be easily felt beneath the skin. Pain is chiefly complained of when pressure is made upon the head of the tibia. No displacement backwards of this bone, and no enlargement of it or of the femur beyond the joint. The skin and subjacent tissues along the inner and outer aspects of the thigh are thick and brawny for some inches upwards from the knee-joint. Temperature 97·5°; pulse 104; urine normal, sp. gr. 1010.

Amputation was performed by anterior and posterior muscle-flaps. The sciatic nerve-trunk in the posterior flap was cut short with scissors, and the vessels were secured by torsion. The operation was conducted under a spray of carbolic lotion.

On opening the cavity of the joint below the patella, some dirty-brown flaky fluid ran away. The synovial membrane is everywhere thickened, and, as you may see, is of a brown colour and gelatinous consistence. The ligamentum mucosum and ligamenta alaria show this change remarkably well. At the lower part of the knee the tissues outside the synovial membrane appear to be in a very similar state. The semilunar cartilages are also soft and brown; and the crucial ligaments, though entire, are too readily

cut with the knife. Over the internal condyle is some absorption of cartilage, as also over the corresponding part of the inner tuberosity of the tibia. Elsewhere they are normal, or nearly so.

The section of the bones shows slightly increased density near to the articular surface; otherwise they are healthy. A large collection of pus existed immediately above and to the outer side of the patella. This appeared to be in a synovial cavity, but not in the general joint cavity; probably some adhesions had shut off a pouch at this part, in which the fluid had accumulated.

In the soft parts around the joint several sinuses existed; one of which communicated with the joint by an aperture in the popliteal space; whilst a second passed through this region, and ran down the calf of the leg behind the tibia, forming a wide channel, which terminated about two inches from the heel: all communicated with the exterior by the opening on the outer side of the thigh.

In this case you will see, if you look well at the section of the joint, that, as in the first case, the disease is one of the synovial membrane chiefly, but that the bone also is attacked, and that in a way not to be easily recognised by the eye, though quite capable of manifesting itself by symptoms before the removal of the parts. The report says the bones show slightly increased density, and this, when attention is drawn to it, is quite apparent. Now, what does this mean? Well, I take it that it is the expression of inflammatory mischief, which has gone on to the formation of new bone. You may, perhaps, think that the bone looks healthy enough, and so it is. There is nothing in these parts not quite consistent with a good and useful limb; nevertheless, as we know that inflammation has existed here, and as, when contrasted with normal bones, we find these thicker and heavier, we are justified in concluding that they have suffered the same process, though, perhaps, to a less extent than the synovial membrane—that they have, in fact, under the stimulus of inflammation, undergone a nearly normal process, and have become hypertrophied. You will also notice as a feature of the case the very extensive disease of the soft parts which existed, one sinus being very wide and extending from the lower third of the thigh nearly to the heel.

CASE 4.—Lydia M——, aged twenty, was admitted Nov. 16th, 1871. Her family history is good. She is married, and has had one child eight months ago, which died three months after birth. She is now two months advanced in pregnancy for the second time. Fifteen years ago she had a fall on her right knee. It immediately became much swollen, but without pain or redness. The swelling has never since then quite gone down, neither has she ever been free from pain in the joint when exercised in the slightest degree by walking. She has, however, managed to get about with the aid of a stick. Eight years ago it became rather more than usually painful, and she was in another hospital for six weeks. The knee was lanced over the inner part of the head of the tibia, but no matter came away, and the opening quickly healed up. For four weeks the limb was put on a splint and painted, but this treatment was entirely discarded on her leaving. Thus she went on till eighteen months ago, when she slipped on some orange-peel, and fell on the bad knee. This caused her much pain, and the swelling increased. It has continued more painful ever since, and she has ceased to be able to walk on it. During the last fortnight, without any additional blow, she has had much more pain, especially on the outer side of the joint.

On admission her general health is good. The diseased knee measures 13¾ inches, the sound one only 12½ inches in circumference. The right knee is bent at an angle of 115°, and cannot be straightened more. There is much thickening, and the skin is white and shiny. On manipulation there is no fluid in the joint, but exceeding tenderness over the external tuberosity of the tibia and head of the fibula. The patella lies on the outer articular surface of the femur. The long axis of the tibia runs up behind the long axis of the femur, and considerably to its outer side, so that the condyle of the femur is prominent on the inner side, and the outer tuberosity of the tibia on the outer side. Since her admission her one continuous complaint has been of pain, especially over the outer side of the joint. She sleeps hardly at all during the night, according to her own statement, and the sister of the ward confirms this.

In consequence of this severe pain, she was very desirous of having her leg off, and I therefore, after consultation with my colleague, Mr. Birkett, decided upon amputation. That operation you have just seen me perform; it was done in the usual way in which I perform all amputations in this region when possible.

I now pass you round a section of the joint, and you will see that there is no fluid in the cavity, but that the small interval between the bones is filled up by a soft pulpy material, which forms a uniting medium between the tibia and femur. The patella is pushed entirely on to the external condyle, and between it and the femur adhesions have formed round the margin of the patella, leaving the greater part of its articular surface free to form the wall of a small cavity in conjunction with the opposing surface of the condyle. This space contains some blood and lymph. The cartilage of all the bones is very nearly, though not quite destroyed, and the bone surfaces beneath are tough. The epiphyses are united, but distinct. For two or three inches above and below the joint the bones are soft, and have undergone some amount of interstitial absorption. In other words, they have become atrophied from disease, and the cancellous spaces are filled up with an opaque fatty material, such as used to be called strumous deposit. You will see that both in the femur and tibia the epiphysis easily breaks down, and is bloodless; while at the junction of the epiphysis with the shaft the bone is, on the contrary, very vascular, though the latter is also in a commencing state of the same degeneration.

The special point in this case that may here be remarked upon is, that our patient was two months advanced in pregnancy, and thus the question naturally arose as to whether she was in a fit state for operation. Many would have decided this in the negative, but I have seen so many facts which point in another direction that it seemed to me that her condition was no bar to operative measures. Bear in mind that she is at a very early period of utero-gestation, and if I had decided to wait she would have been committed to much pain and suffering for the remaining seven months of her pregnancy, and probably for some six or seven months longer till she had weaned her child. I had then to put the shock of the operation and the suppurative drain, but an immediate decrease of pain, on one side of the scale, and much and prolonged anguish on the other; to form, if possible, some estimate as to the probable results on her general health in either case, and to select that method of procedure which promised most favourably. You know how it was decided, and for the reason, as I tell you, that during gestation the reparative powers of a woman are very great. A most apt illustration of this point has only lately been in the same ward with this patient, in the case of Ellen N——, aged twenty-four, who was admitted on October 24th, being then five months pregnant, with an oblique fracture of the femur just above the knee-joint. We had much difficulty in getting and maintaining apposition of the fragments. However, this was accomplished, and she left the hospital walking on the limb on December 1st, or rather under six weeks from the date of her admission. Such cases as these are by no means unfrequently seen, and upon the like are founded the observations that have been made.

The general questions connected with the pathology of joint disease remain for consideration in my next lecture.

REMARKS ON PRE-SYSTOLIC CARDIAC MURMUR.

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BEARING in mind the foregoing axioms and postulates, let us now consider the relation of the murmur to the movements of the heart. Every murmur is due to vibrations in the blood produced by motion. A valvular murmur is a vibration excited by some alteration in the condition of the valve, as contradistinguished from vibration due to changes in the condition of the blood itself. We accept two classes of valvular murmurs—obstructive and regurgitant, as they

are called: the one caused by the blood, in following its natural course, flowing over a rough channel; the other dependent on its flowing backwards and meeting an opposing current. If the opening through which it regurgitates happen to be also rough, the vibration will be intensified; but roughness is not essential. At the aortic valves, for example, imperfect adaptation, in consequence of a rent in the valve, may be so free from roughness that no systolic murmur is heard, and then the diastolic murmur will not be perceptible if listened for over the region of the valve, but will be perfectly unmistakable over the centre of the heart, where the two currents meet. But if the valves be rough, as well as unable to close completely, there will be a systolic murmur present, and the diastolic murmur will be louder, and traceable from the valve over nearly the entire cardiac region.

There is, however, another consideration involved, which is to my mind of the first importance in regard to the production of murmur, and is too often overlooked—namely, the force with which the blood is moved. The greater that force, the more easily is vibration excited; and this whether the murmur be obstructive or regurgitant. Anyone acquainted with the very elements of hydrostatics will admit that in proportion to pressure must be the perfect adaptation of the resisting sluices to prevent leakage; and exactly in the same proportion is the chance of any obstruction to a current exciting vibration in the fluid. This at once gives the explanation of the fact familiar to all auscultators, that an obstructive murmur at the base and a regurgitant murmur at the apex are the two most commonly heard. They are both systolic—both produced by the blood being impelled against the valves with the whole force of the ventricular contraction. The regurgitant murmur at the base, when due to roughness of the valve, and the obstructive murmur at the apex, must each indicate a greater degree of alteration of the respective valves, as they are produced by forces relatively weaker. I can scarcely conceive a mitral valve so altered by disease that it should excite audible vibration in the onward current, while yet remaining capable of closing so completely as to be unattended by regurgitation. If the roughness be such as to produce vibration when the blood is propelled only by the comparatively powerless action of the auricle, how can it resist the impact of that fluid when driven against it with the whole force of the ventricle?

I need scarcely add that, if we suppose both muscles contracted together, the direction of the current must be from the ventricle, and not to it. Yet it is a point of some importance when we consider the present view taken of the contraction of the heart—viz., that, like other involuntary muscles, it is vermicular. Commencing at the base, it gradually passes down to the apex in a wave-like manner, followed by a similar process of relaxation; and, inasmuch as the fibres forming the auricle are closely associated with those encompassing the ventricle, the two cavities do not contract and expand alternately, but the contraction of the one somewhat overlies that of the other. In ordinary circumstances this is of no consequence, because the mitral valve resists the return of the blood; but when the valve is much damaged, the more powerful contraction of the ventricle must overcome that of the auricle, if there be any such thing as antagonism between them. For my own part I should think it more probable that the blood is simply driven through the auricle, when in a state of contraction, into the veins until the backward current is arrested by the forward current pressing onwards from the lungs.

The absence of any special valvular apparatus at the entrance of the pulmonary veins has a very important bearing on this question. With no means of closing the outlet in that direction, it is plain that the auricle can exert really very little power in driving the blood forwards, and that in contracting it must empty itself backwards if any obstacle to its onward flow exist. It is not improbable that hypertrophy may be produced by such a state of things; but in its extremest form the auricle never acquires the thickness of even a thin ventricle, and I much suspect that the thickening of its walls is rather due to a large quantity of blood being driven back into it than to any obstacle to its onward flow. The hypertrophy does not so much represent what used to be called the concentric hypertrophy seen in obstruction of the current through the aorta, as the hypertrophy with dilatation seen in aortic regurgitation.

I venture, with great deference to the opinions of such men as I now find ranged as supporters of Dr. Gairdner's theory, to think that it will not stand the test of a rigid examination, but is quite untenable if the statements just made fairly represent our present knowledge of cardiac sounds and murmurs. The name which he adopted for this murmur, "auricular systolic," sufficiently indicates the idea he had formed of its causation. It is admitted by all who have written upon the subject that his description was a correct one of a rough murmur running up to and ending in the first sound; and it has been assumed, probably rightly, that only one murmur ever presents these characters; while post-mortem examinations seem to have proved that one special pathological state is constantly or invariably associated with it. Starting from the period when the diastole is supposed to be complete, a portion of the second interval in the heart's sounds has passed in silence when the rough murmur begins, which is uninterrupted until the first sound is heard as its conclusion. The vermicular movement of the muscular fibres of the heart has already begun at the base, some time before the first trace of this murmur is audible. The contraction has probably travelled downwards as far as the ventricle before the half of the pause has elapsed; for the stroke against the rib is the termination of this vermicular movement, and scarcely a perceptible interval, if any, separates the first sound and the heart-stroke. Can it be accepted as probable that the auricle keeps driving the blood through the mitral valve in opposition to the contraction of the ventricle? I am quite sure that Dr. Gairdner holds no such belief. He assumes, however, that the contraction or systole only commences with the first sound. This I conceive to be a mistake. The stroke and the first sound cannot take place till the whole muscle is thrown into a state of tension, and the systole begins when the first fibre assumes this state, persists so long as any portion remains contracted, and only ceases when the blood has been expelled from the cavity and relaxation once more takes the place of contraction. I contend that it is unreasonable to assume that blood can keep pouring into the cavity after the contraction of a single fibre has commenced; and still more that its flow should be uninterrupted and unimpeded until the stroke against the ribs shows that the whole muscle is in a state of contraction. I hold that the muscular tension is at its period of greatest intensity when the stroke is felt, even though it be admitted that a subsequent shortening of each fibre occurs while the blood is being expelled and the cavity diminishing in size. Here probably lies the fallacy. The term "contraction" is used in a double sense as meaning both tension and shortening, and it may perhaps render my meaning more distinct if the sequence be thus stated:—The tension of the ventricular fibres begins during the longer interval, and is complete when the impulse is felt on the chest-wall; but the shortening of the fibres goes on during part of the shorter interval, and ends before the second sound can be produced. The whole of this period is embraced in the term "ventricular systole," the first sound occurring somewhere in the middle of the contraction—at the point, in fact, where tension is complete and shortening begins.

It has been already pointed out that the contraction of the auricle must extend somewhat into the beginning of the tension of the ventricle—a weaker tension overlying, as it were, a more powerful one; and in connexion with this it has been noticed that there is no very efficient obstacle to the return of the blood into the pulmonary veins. It is, consequently, scarcely possible that one of the loudest and roughest murmurs ever heard in cardiac disease should be produced by the contraction of the auricle, even though hypertrophied to some extent. It is clear to my mind that if the obstruction be really of such moment as is alleged, the blood would chiefly flow backwards into the lungs, and the murmur produced by its passage through the valve would be soft and of small intensity. That very considerable disease exists, and that the murmur is a very harsh one, there can be no doubt; but the idea that it is produced by the forward current of the blood does not seem to harmonise with the ordinary laws of physics. On the other hand, I cannot conceive the diseased valve offering due resistance to the impact of blood when the ventricle contracts; and, as already pointed out, it is not probable that an amount of roughness of the valve should exist sufficient to pro-

duce so loud an obstructive murmur, while no murmur of regurgitation is traceable. The probability seems to be all in favour of its being a murmur of regurgitation, and not one of obstruction. If it be conceded that the tension of the fibres of the ventricle begins before the first sound is heard, no other interpretation can possibly be given. The essential character of the murmur is, that it runs up to, and terminates in, the first sound; and, consequently, it must be produced while the tension of the ventricle exists. The necessary result of such tension is that the blood is forced against the apertures, and in the ordinary course of events the mitral aperture would close; but the contracted hardened valve is not capable of ready adaptation, and therefore offers no efficient obstacle. The contraction of the auricle does not prevent the blood from being driven through it, as it meets with no resistance at the inlet of the veins. The unavoidable result is regurgitation, with its necessarily attendant murmur, rendered all the more harsh by the roughness and hardness of the opening. I cannot think that the very soft murmur which is sometimes heard after the first sound in such cases can be regarded as the true regurgitant murmur, corresponding to the very rough obstructive murmur which has been heard before it; yet such is the explanation usually given. Not that I would question the regurgitant character of the softer murmur, but that I feel a need to have some reason assigned why an obstructive murmur produced by the passage of blood over the mitral valve should be loud and harsh when impelled forwards by auricular contraction, while the vibration of the blood when driven backwards by the whole force of the ventricle against the opposing current should be often inaudible, and never elicit a murmur of much importance.

I am not quite sure that I understand the ideas entertained by some observers with reference to murmurs audible both before and after the pre-systolic murmur, and usually described as diastolic and systolic. Taking the statements of one of the most recent writers on this subject,* I find that he refers to the diastolic as being divided by an appreciable interval from the pre-systolic murmur, "the direction of the current of blood being the same during both" and through the same valve. I also find him speaking of the pre-systolic and systolic murmurs as "a somewhat prolonged murmur, the first portion of which is rough," &c. It would appear that Dr. Balfour believes a double murmur may be due to a continuous movement of the blood in one direction, while a single prolonged murmur may be produced by blood flowing first onwards and then backwards through the same valve. For my own part I cannot adopt such an interpretation, and I must confess that all the theories in that paper are very perplexing. The diastolic murmur in Case 4 is said to be most distinct on the *left* side of the sternum between the second and third ribs (p. 440), and at p. 442 it is referred to the *right* side of the sternum, the "region of the pulmonary artery." Why the post-mortem revelation of granulations on the aortic valves is rejected as affording the natural explanation of this diastolic murmur, and "mitral stenosis" is credited with its production, does not appear.

Dr. Peacock, in his article on this subject, refers to two distinct cases as being both dependent on mitral obstruction: in one a loud systolic murmur at the apex "is immediately preceded by another murmur, so as to constitute in that situation a distinctly double murmur"; in the other "there is a rough harsh murmur, which clearly commences before the systole and terminates abruptly with it."† No one will hesitate to believe that the first fairly represents the ordinary but somewhat rare condition of obstructive and regurgitant mitral murmur occurring in the same individual; the second being an example of the pre-systolic murmur which Dr. Peacock classes as mitral obstructive, or, as Dr. Gairdner would say, "auricular systolic." He does not attempt any further explanation of the murmur, and, substituting the word "systole" for first sound, overlooks the possibility—nay, I would say certainty—of the tension of the muscular fibre having preceded the first sound, and being really coincident with this pre-systolic murmur.

Dr. Sutton's description, if accurate, as I believe it to be, carries with it the condemnation of the theory which he, in common with others, has adopted. He says* "it was a harsh, grating murmur, which occupied a great part of the period of silence, and ended abruptly as the heart's apex struck against the walls of the chest." The muscular contraction does not begin when the stroke is complete. If the muscle of the ventricle be in a state of tension, the blood cannot be flowing into the cavity.

Neither Dr. Wilks nor Dr. Hilton Fagge† enters into the theory of the production of the murmur. They simply assent to Dr. Gairdner's view, and acknowledge the debt we owe to his careful investigation, which proved the association between the peculiar pathological condition of the mitral valve and the murmur under discussion.

(To be concluded.)

* Clinical Lectures on Diseases of the Heart. By Dr. Balfour. Edin. Med. Journ., vol. xvii., p. 431.

† On the Diagnosis of Obstructive Disease of the left Auriculo-Ventricular Aperture. Med. Chir. Rev., vol. xl., p. 469.

* Remarks on Tricuspid, Regurgitant, and Mitral Pre-systolic Bruits.—London Hospital Reports, vol. iv., p. 301.

† Guy's Hospital Reports, vol. xvii.

CASE OF

CARIES OF THE OSSA PUBIS FOLLOWING DELIVERY; SEPTICÆMIA; DEATH.

BY R. EARDLEY-WILMOT, M.R.C.S., L.R.C.P.,
RESIDENT ACCOUCHEUR TO KING'S COLLEGE HOSPITAL.

THE following case, illustrating an extremely rare puerperal complication, with fatal issue, and complete post-mortem examination, is, I think, of sufficient interest to deserve publication. The notes were very carefully taken by Mr. J. H. Philpot, clinical clerk.

Jane C——, aged twenty-three, was admitted into King's College ward on Jan. 29th, 1872, under the care of Dr. Priestley. She had been perfectly healthy up to Dec. 1st, 1871, on which day she was delivered, easily and naturally, of her first child. Convalescence seemed to progress favourably till the third week after delivery, when she began to suffer occasional pain in the hypogastric and left inguinal regions, which much increased on moving the left leg. At the same time an abscess formed within the labia, anteriorly, and, bursting spontaneously into the vagina, discharged much foul, creamy matter. This discharge continued throughout her illness. Marked constitutional disturbance now set in—rigors, loss of appetite, and rapid emaciation. To these symptoms a harassing night cough and extensive bedsore over the sacrum soon became added.

On admission, she was seen to be extremely emaciated and prostrate, suffering from pain and tenderness in the hypogastrium, aggravated by any attempt at motion, and from an extremely offensive discharge, thin, dark, and copious, which poured in gushes from the vagina on the slightest movement. The left leg was abducted and motionless, showing some slight redness and œdema over Scarpa's triangle. On vaginal examination, the uterus appeared healthy, and normally involuted; no orifice for the exit of discharge could be detected in any part of the vaginal tract. The lungs seemed healthy on examination; tongue red, glazed, and aphthous; the expression of the face extremely anxious; the breath had a remarkably sweet odour. Pulse 144, full and non-resistant; temperature not much elevated, but showing evening exacerbations. Appetite fair; slept very badly. She was placed on generous diet, with six ounces of brandy per diem, and the following mixture was ordered to be taken three times a day: chlorate of potash, ten grains; dilute hydrochloric acid, ten minims; syrup of oranges, ten minims; infusion of chiretta, one ounce. Also twenty grains of chloral at bedtime. The bowels were relieved by enema. A vaginal injection, containing Condy's fluid, ordered twice daily.

From the time of her admission the disease made rapid progress. She grew weaker daily, and became more and more emaciated. The discharge increased in quantity, and continued horribly fetid. On the 4th February the temperature rose to 102° F., and she seemed in every way worse. An erythematous patch appeared on the left thigh, over Scarpa's triangle, which soon became the seat of a tense, painful swelling, in which fluctuation could be distinctly detected. On the 8th February this swelling was freely

opened by Mr. Cross, house-surgeon, and a large quantity of foul pus discharged. Slight temporary relief followed, but by the 13th she was again worse, and seemed to be sinking fast. Brandy increased first to eight ounces and then to ten ounces per diem. On the 15th she seemed quite collapsed; pulse 150, very weak; temperature 97°. Brandy raised to twelve ounces per diem. Evening temperature 105°. On February 16th she was weaker; temperature still 105°. She sank and died at 1.30 A.M. on February 17th.

Autopsy, thirty-six hours after death.—Body extremely emaciated. Thorax: Adhesions in left pleura; lower lobe of left lung hepatised, the consolidated portion studded with numerous grey, softened points (metastatic infarctions) from which a purulent matter was obtained by scraping the surface. Heart healthy.—Abdomen: Liver large, smooth, and fatty; kidneys pale and fatty; uterus healthy, and well involuted. On making an incision through the skin covering the symphysis pubis, the following conditions were found:—The ossa pubis were separated at the symphysis to the extent of half an inch, the interarticular cartilage and subpubic ligaments having almost entirely disappeared. The bones themselves had undergone extensive caries; they were black in colour, rough on the surface, and soaked in fetid pus. From the symphysis pubis descended a large sac, partly filled with foul, flaky matter. Its cavity extended in two directions, first, downwards under the mons veneris and labia to a point situated upon the anterior vaginal wall, just within the orifice, where it communicated with the vagina by a small aperture about three lines in diameter; secondly, outwards and downwards to the left groin, where a large, irregular cavity occupied Scarpa's triangle, opening externally by the incision made on February 8th. There were numerous burrowing sinuses around and between the muscles in all directions. The left acetabulum and head of the femur showed signs of commencing inflammatory mischief.

It will be seen that there was free exit for the pus from the diseased bone by two apertures—through the vagina, and through the artificial opening in the thigh.

The specimen is preserved in the King's College Museum.

The case seems to me full of interest; the diagnosis of this disease must always, I think, be difficult and doubtful, the prognosis unfavourable, and all treatment unavailing. I should be very glad of any suggestions as to its probable cause and pathology.

King's College Hospital, March 9th, 1872.

SOME RESULTS FROM THE USE OF CHLORAL HYDRATE.

BY J. WILKIE BURMAN, M.D. EDIN.,
ASSISTANT MEDICAL OFFICER, WEST RIDING LUNATIC ASYLUM.

THE following results, in two cases treated with chloral hydrate during my experience as assistant medical officer at the Devon County Lunatic Asylum, may perhaps be interesting to the profession, as forming a sequel to other similar cases already described by Dr. Crichton Browne and others. I am indebted to Dr. Saunders, of the Devon Asylum, for the use of the notes of these two cases, and I shall just transcribe them as I entered them in the case-books of that asylum. In both, a rash, accompanied by fever and sore-throat (simulating scarlatina), occurred during the administration of the drug; and in both there was a *relapse* of all the primary symptoms, in one case on the *fourteenth*, and in the other on the *twenty-first*, day after the first appearance of the rash.

CASE 1 (No. in register 4011).—Female, aged thirty, married. Admitted, on Sept. 13th, 1870, in a state of acute melancholia and in feeble bodily health. Was ordered, on admission, the following mixture: Chloral hydrate, two drachms; tincture of opium, three fluid drachms; water, to twelve fluid ounces: one fluid ounce to be taken three times a day. The medicine seemed to have a good effect, as she improved under its administration. On the morning of the 24th of September, having taken the above-mentioned mixture about ten days, and a double dose having been given on two or three occasions, it was noticed that she was "covered with a scarlet eruption," which had "come out" during the previous night. The redness of the skin was almost universal, and, disappearing for a time under pressure, resembled more than anything else the eruption of scarlatina. It was accompanied by fever and sore-throat, the tonsils and upper parts of the pharynx being visibly red and congested. The pulse was 120; the tongue was furred, but did not present that peculiar "strawberry" appearance so frequently observed in cases of scarlet fever. There was neither nasal nor conjunctival catarrh. It was considered advisable to strictly isolate the patient. The chloralic mixture was stopped, and simple salines were given instead. On the 29th the patient was still feverish, but the throat was not worse, and, the rash having died away, desquamation had commenced on the hands and arms. As she was restless and excited, she was, on Oct. 1st, ordered *scruple* doses of chloral night and morning. The febrile excitement had almost gone, and desquamation had gradually spread all over the body, when, on the morning of Oct. 7th, *fourteen* days after the first appearance of the eruption, she was found to have had a complete relapse, and to be again "feverish and covered with a scarlet rash," which had come out during the preceding night. The chloral was again stopped and salines given. The eruption was this time not so universally spread as before, and on Oct. 15th desquamation, more considerable than hitherto, set in, and on the 27th was nearly completed. On Nov. 6th she had quite recovered from her bodily illness, and was sent back to her ward, having been isolated for a period of six weeks. Her mental condition remained unchanged. There was no albuminuria during the whole progress of the case.

CASE 2 (No. in register 3787).—Female, aged twenty, single, an imbecile of decidedly rheumatic diathesis and predisposition, who had already been in the asylum several years. On Dec. 2nd, 1870, being very choreic, and so much excited that it was necessary to place her in a padded room, she was ordered scruple doses of chloral three times a day. This soon caused considerable amelioration in her condition, but in process of time seemed to lose some of its effect, so that the third dose of the day, that to be given at bedtime, was ordered to be doubled. Eighty grains of the drug were thus taken in twenty-four hours. On Dec. 19th, in order that she might take a nervous tonic—consisting of a grain each of the sulphates of iron, zinc, and quinine, to be given three times a day,—the administration of the chloral was confined to a night draught of two-scruple doses. On the morning of Dec. 28th it was observed that she was covered with a scarlet eruption, which had come out during the night previous. The general appearance of the rash was much the same as in Case 1, and it was likewise accompanied by sore-throat and febrile excitement, and characterised by the absence of the "strawberry" tongue. Except that strict isolation was not maintained, the general treatment was the same in this as in the former case—the chloral was stopped and simple salines were substituted. On Jan. 2nd, 1871, the eruption was fading, and desquamation had commenced on the face and neck, and, gradually spreading over the whole body, had, on the 16th, almost finished. On the morning of the 17th—the twenty-first day after the first appearance of the eruption—she was found to have had during the night a complete relapse of the rash and febrile symptoms; the rash being on this occasion neither so intense in colour nor so universally spread as before. On the 21st desquamation had again commenced, and, gradually spreading over the body, nothing remained on Feb. 6th except a slight peeling of the cuticle of the hands and feet. On Feb. 11th she had quite recovered from the exanthem. As in Case 1, there was no albuminuria, though the urine was examined daily after desquamation had commenced. She still remained choreic, however, and it was not until the lapse of several weeks, under a course of treatment by nervous tonics and alkalies in alternation, that the chorea left her. In both these cases the skin was oiled, and occasional tepid baths given, during the periods of desquamation. No other such cases have occurred since, and I cannot find that any such cases had been noticed at the Devon Asylum previous to the introduction and use of chloral.

Remarks.—I believe it was at the Devon County Asylum that chloral hydrate was first tried, to any considerable extent, as a therapeutic agent in this country, for its use

was commenced there immediately after Dr. Richardson's notice of it at the meeting of the British Association at Exeter in 1869. The good effects from the use of the drug in that asylum, described by Dr. Saunders in its Annual Report for 1870,* have since been amply verified and extended, and a steadily increasing consumption of it bears witness to the augmented esteem in which it is now held in that institution, where, when I left, from three-quarters to a pound was being used weekly. I saw about twenty-five pounds of the drug administered, chiefly in cases of excitement, with beneficial result, and in only two (those just described) out of the many cases in which it was given did any untoward symptoms occur, and these, as we have seen, were, happily, neither of a fatal nor of an alarming nature. Without entering into needless details of cases (which are scarcely ever read when given), I may state, as my experience at the Devon Asylum, that chloral has proved itself to be a most valuable hypnotic and sedative, that it has succeeded after extended trial of the more common sedatives was unavailing for good, and that it can, by reason of its not causing headache, sickness, dryness of the tongue or other diminution of the secretions, be used as a sedative in cases of excitement associated with phthisis or bronchitis, the presence of which would contra-indicate the use of morphia and opium. I think it is more especially in this class of cases that chloral will be found to be peculiarly valuable. In other respects it, at any rate, adds one more to the list of drugs on which we may "ring the changes" in chronic and obstinate cases, and in these it is used with best effect by combining it with morphia, opium, or bromide of potassium, according to the nature of the case. Chloral is, comparatively speaking, speedy and evanescent in its action, and its judicious combination with other drugs of a sedative nature seems to bring about the desirable prolongation of its effect.

As to the method of its administration at the Devon Asylum, and the doses, I may say that it is now always given in the form of a syrup (home-made) containing ten grains to the fluid drachm; and that the usual doses of the drug, when uncombined, are from twenty to sixty grains; when in combination, from ten to forty grains will suffice in the majority of cases. The lowering in price of a drug, consequent on its increased consumption, has been well exemplified in the case of chloral, which, though at first 6s. per ounce, is now only about 9s. a pound—almost as cheap as the bromide of potassium, and certainly at least as useful an addition to our Pharmacopœia. It would be invidious to mention names, but it is very important that the drug should be purchased from respectable houses, and it should be stipulated that it must be fresh, pure, and carefully prepared. Both the solid cake and the solution ought to be kept in carefully stoppered bottles, otherwise, I believe, the preparation loses strength. The cake deliquesces a little in process of time, and loses to a certain extent that sharp pungent odour which it has when fresh; and, on this account, it is advisable, when a bottle of the solid preparation is opened, to convert it into syrup at once.

West Riding Lunatic Asylum, Wakefield, Nov. 1871.

A PECULIAR CASE OF CLOSURE OF THE JAWS.

By J. E. BROOKS, M.R.C.S., &c.

ALEXANDER D——, aged twenty-one, a miner, applied to me for advice on February 1st, 1871. He states that when he was about six years old he had ulcerated gums on the left side, and a bandage that was placed round his head caused them and his cheek to grow together. He has never since been able to open his mouth more than a quarter of an inch. He has worked at his trade at intervals, but was often unable to do so from weakness, consequent upon taking little solid food. Upon examination I found what he said to be correct, the parts being firmly adherent, and the jaws almost closed. The temporo-maxillary articulation was not affected, which is somewhat singular, considering the small amount of movement that had taken place in it. I placed him under the influence of chloroform, and divided the rigid band of tissue, which gave him temporary relief; cicatrisation, however, fixing it more firmly than before. The same operation was subsequently performed by myself and several other surgeons to whom he applied, with the same unfortunate result.

At the commencement of July the patient again presented himself, being very anxious to be cured; and in the meantime, having given the case some consideration, it occurred to me that I might meet with more success if I fixed his mouth open during the healing process. I accordingly administered chloroform to him, and, having cut through the cicatrix, I placed between his teeth a piece of wood about an inch thick. This he allowed to remain about twenty-four hours; but the pain from it was so severe that he removed it himself. He subsequently kept a piece in during the night and at intervals during the day.

On July 22nd he returned to his work, and has followed his employment ever since.

Feb. 20th, 1872.—He can now open his mouth at least an inch, and has increased in weight about 20 lb. To show the complete success of the operation, I may say that I have since removed the lower wisdom tooth on the affected side.

I have purposely waited before publishing the case to see that he had no recurrence of the symptoms.

Silverdale, North Stafford, Feb. 1872.

* I might perhaps state that in this Report there may be found a short account of some of the physiological effects of the drug on myself, observed by Dr. Saunders.

A Mirror OF HOSPITAL PRACTICE, BRITISH AND FOREIGN.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum, tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

WESTMINSTER HOSPITAL.

LIGATURE OF THE COMMON CAROTID FOR HÆMORRHAGE FROM CANCER OF THE TONGUE.

(Under the care of Mr. G. E. LEGGE PEARSE.)

J. S——, aged fifty-five, by occupation a sawyer, was admitted into Matthew ward on the 20th of April, 1871, under the care of Mr. Pearse, suffering from extensive ulceration of the tongue. The patient stated that about eight months previously he had noticed a small fissure at the side of the tongue, which was exceedingly irritable and painful. He attributed it to irritation of a decayed tooth. This fissure rapidly enlarged, accompanied by increasing pain, up to the time of admission, when it presented the following appearance:—On opening the mouth an ulcer could be seen on the right side of the tongue, extending for about two inches towards the tip; it was deep, ragged, and sloughy, surrounded by extensive induration, which caused the tongue to be completely adherent to the bone. The mucous membrane of the mouth was also much implicated in the disease; this condition producing extreme offensiveness of the breath, accompanied by a remarkable increase in the amount of saliva, which was perpetually running from the patient's mouth. Some of the higher cervical lymphatic glands were much indurated; the right submaxillary gland was also somewhat hardened and enlarged. The man was much emaciated, and exhibited decidedly the cancerous cachexia.

On account of the extensive adhesions to the jaw-bone, and the induration and enlargement of the cervical glands, removal of the disease was impossible. Mr. Pearse determined, therefore, to rest content with endeavouring to improve the patient's general health and to relieve pain. Quinine-and-iron mixture was ordered three times a day; and a wash of chlorate of potash to relieve the fetid condition of the breath. At the time of admission the patient was able to take full diet.

Under this treatment he seemed to improve in condition until May 1st, when he had an attack of hæmorrhage from the ulcer, to the extent of one or two ounces; this was, how-

ever, easily controlled by the application of solution of perchloride of iron. From this time he was unable to take any solid food; he was therefore ordered a diet of beef-tea, rice pudding, milk, eggs, and six ounces of brandy. On the next visit Mr. Pearse expressed his intention of ligaturing the lingual artery should hæmorrhage recur which could not be controlled by styptics; from this time there was slight hæmorrhage at intervals, but the bleeding was always stayed by ice, or solution of perchloride of iron. On May 22nd the patient had a very severe attack of hæmorrhage, which the house-surgeon could not arrest. Mr. Pearse being sent for at 12.30 A.M. on the 23rd, found the patient almost pulseless from loss of blood, and determined on at once performing some operation to prevent further bleeding. Finding that by this time the submaxillary gland had become so much enlarged and indurated as completely to overlap the lingual artery, it was decided to place a ligature on the common carotid, as the only course open. The patient having been placed under chloroform, an incision three inches long was made over the anterior margin of the sterno-mastoid muscle. The artery was readily found and a ligature applied to it above the level of the omo-hyoid muscle. At the moment of tightening the ligature, the pupils, which were previously widely dilated, contracted, but soon resumed their former condition of dilatation. The hæmorrhage from the tongue, which had continued even during the operation, ceased immediately on the application of the ligature. During the night brandy-and-egg mixture was administered every hour. 10 A.M.: No recurrence of hæmorrhage; pulse 130, very weak; complains of severe neuralgic pain over the course of the supraorbital nerve.

From this time rapid improvement took place, the pulse becoming much stronger, and by June 1st, the day on which the first return of pulsation was observed in the temporal artery, the operation-wound had healed, except at the point of exit of the ligature. There was also a very considerable diminution in the size of the affected cervical glands; the submaxillary was then of its ordinary size.

June 10th.—A small abscess has formed below the ear, connected with one of the affected glands; this was opened and a poultice applied.

13th.—The ligature came away, it being the twenty-first day after the operation.

15th.—The operation-wound is now completely healed, the patient being able to sit up in bed for two or three hours at a time.

From this date, the discharge increasing very much from the abscess in the neck, the patient began to lose ground rapidly.

20th.—The abscess has now taken on quite a malignant appearance. The patient complains of great pain both in the tongue and neck, this being very little relieved even by large doses of morphia. He sank and died on June 26th.

In some clinical remarks, Mr. Pearse observed that he considered the severe operation of ligature of the common carotid quite justifiable in this case; for, although unable to arrest the disease, it had certainly prolonged the patient's existence.

GREAT NORTHERN HOSPITAL.

REMOVAL OF A LARGE CYST FROM THE NECK; RECOVERY.

(Under the care of Mr. GAY.)

M. C——, aged seventeen, a healthy, well-developed person, was admitted in January for a large and somewhat globular swelling on the right side of the neck, extending from the space between the ramus of the jaw and the mastoid process, forwards almost to the mesial line, and downwards to the clavicle. It dipped down apparently to a considerable depth above, and was overlapped by the anterior border of the sterno-mastoid; but elsewhere it was covered by the skin, platysma, and deep fascia, and moved with comparative freedom. A button-like granulation growth, about its centre, marked the spot where the swelling, which was, in fact, a cyst, had been twice opened by Mr. Gay for the purpose of obtaining its obliteration by injection—on one occasion by tincture of iodine, on another by the tincture of the sesquichloride of iron, but without success. The cyst began behind the jaw about three years since, and had extended thence in the directions it had taken. It had given no pain, but had become inconvenient and unsightly. Then curdy, whitish, and somewhat offensive fluid flowed from it when it was opened, and the sac certainly thickened as it grew larger. Removal by operation was the only plan that presented itself as likely to be effectual; and although the proposal was presented to the patient as one of no inconsiderable difficulty, and, it might be, attended with danger, and at all events as being likely to be followed by loss of power or sensation in neighbouring parts, it was readily and cheerfully acceded to.

A long incision was accordingly made for that purpose a short distance in front, and along the line of the edge, of the sterno-mastoid muscle—the whole diameter of the swelling, which divided the tissues down to the cyst; and the operation pursued by keeping close to its walls, as it was gradually freed from its surroundings. This was tolerably easy for a time, but the cyst suddenly burst. It was then freely opened, and the dissection further continued whilst it was kept on the stretch by the operator's fingers and those of his very able assistants. The removal from below the edge of the mastoid was carefully effected; but in order to reach it as it dropped down behind the jaw, it was necessary to cut through the inferior edge of the parotid gland. Tracing it downwards it was found ultimately to be closely attached to the superior constrictor of the pharynx. In order to conduct the concluding part of the dissection with the cautiou that was required, it was deemed expedient to throw a ligature around the cyst close to its attachment, and then to cut away the largest portion. The remaining portion was then most carefully dissected off from the muscle, and thus the operation was completed.

The wound laid bare important parts—the upper portion of the pharynx, the hypo-glossal nerve, and in front the sheath of the carotid. A few vessels required ligature, and then the edges of this extensive wound were brought together, gentle compress applied on the skin over the whole surface, and over all a bandage.

The healing process began, and continued throughout, without an unfavourable symptom; and the patient left the hospital in the course of three or four weeks for her native place (Woking) with all but perfect cicatrisation of the wound that had been made. The only complaint she made after the operation was that of slight skin-numbness along over the jaw; but this was gradually lessening at the end of five weeks, and gave no sense of discomfort.

The cyst was thick and of a pearly-white colour, and studded on the inner side by groups, here and there, of small translucent-looking globular bodies. It was, unfortunately, destroyed by accident before any investigation could be made as to its histological structure, and any speculation on it would be unprofitable.

HOSPITAL FOR WOMEN.

CASES OF OVARIOTOMY.

WE conclude this week the report of the ten cases of ovariotomy.

CASE 7. *Multilocular cyst; adhesions to omentum; recovery.*—E. H——, admitted under the care of Mr. Scott July 3rd, 1871, aged forty-six. Had been married twenty-eight years, and had two children, the last nineteen years ago; no miscarriages. Menstruation was regular till three years ago. Since then it had been irregular, and often absent from three to nine months. She had a slight show for two days a fortnight before admission. First noticed a lump low down in the left side of the abdomen three years ago, which was about the size of a walnut, very hard, tender, and had much pain in it. It gradually increased in size a year ago, since which time it has enlarged very rapidly. Now the whole abdomen is occupied by a large tense tumour, with resonance in both flanks and above; fluctuation free; smooth on the surface, except for an irregularity on the left side at the upper part where the abdomen is most prominent; parietes move freely over it; girth at umbilicus 40½ inches; uterus high up, close to pubes; sound enters three inches, slightly to the left. The patient has been losing much flesh lately. Eleven days before the operation the patient had a catamenia lasting for six days.

Operation, July 22nd.—Mr. Scott found a large piece of omentum in front of the tumour, then an empty portion of the cyst, which was multilocular, overlapping the main tumour, and at first causing difficulty on account of its similarity to intestine; adhesions to omentum and fundus uteri. Three bleeding points in the omentum were tied, and part removed with cautery and clamp. The tumour, which came from the right side, weighed 1 lb. 4 oz. The operation was completed in the same way as the others. The patient made a slow recovery, the temperature and pulse continuing high for an unusually long period. Some of the stitches were removed on the sixth day, and some on the seventh day.

August 4th.—A doughy mass, the size of a goose's egg, was felt to the right of the wound, and tender to the touch. On pressure no pus was squeezed out of the wound; the abdomen resonant all over.

August 10th.—Swelling was tapped with a fine trocar. About half a drachm of pus, with a good deal of very offensive gas, escaped, and the swelling was gone. From this time she gradually improved, and left the hospital Aug. 28th.

Oct. 25th.—Doing well.

CASE 8. *Multilocular cyst of four years' duration, adherent to omentum and transverse colon; death after six weeks.*—E. N——, aged thirty-three, came as an out-patient to Mr. Scott, Aug. 9th, 1871. Married sixteen years; no children. One doubtful abortion four years before. Catamenia regular, lasting one week; painful and profuse. She complained of swelling of the abdomen, not more on one side than on the other, commencing four years ago. Abdomen enlarged; surface smooth, except for two projections about the size of the palm of the hand in the right and left hypochondriac regions; dull on percussion, except in the flanks; free fluctuation across, except over the projections. Girth at umbilicus 27½ in. Uterus normal, rather posteriorly situated; cervix looks backwards. General fulness of both culde-sacs; but nothing distinctly made out.

Though frequently persuaded, she refused to come in and submit to an operation until Oct. 9th, when the abdomen had increased to the size of 40½ in. She had lost flesh a great deal, and had had frequent attacks of diarrhœa. Appetite good; urine healthy.

Operation, Oct. 21st.—Adhesions were found to the abdominal walls in front and at the sides, which were easily broken down. Extensive adhesions were found also to the transverse colon and omentum, which took considerable time to separate. Three bleeding points were ligatured in the omentum; and a part, being much inclined to bleed, was tied and removed. The right ureter came into view on removing the cyst. The pedicle was short and thick, and came from the left side; it was tied, and the wound brought together by silk sutures. The fluid drawn off during the operation measured seventeen pints. The tumour weighed 4½ lb., was multilocular, with three solid masses, which on section presented a honeycomb appearance. The patient continued very weak, presenting often an anxious expression. The sutures were removed on the sixth day, the wound being entirely united. The range of pulse had been from 136 to 110; respiration from 32 to 24; temperature from 102° to 98·8°.

The wound began to gape and look sloughy. On the 6th of November there was an aphthous condition of the mouth and tongue; wound cleaning. On the 7th a bed-sore formed over the sacrum. On the 10th the long slough was removed from the bottom of the wound with a ligature round it (portion of ligature in omentum?). On the 13th there was slight erysipelas of the face. A piece of slough came away on the 15th, a ligature on the 17th, and another piece of slough on the 23rd. By the 28th the abdominal wound was closing, and the bed-sore increasing in size. She died on Dec. 4th, six weeks after the operation.

At the post-mortem examination the abdominal wound was found entirely united, excepting a small hole no larger than a pin's head at the lower angle. There were strong adhesions between the intestines and the contiguous parts. The abdominal cavity contained a little thin purulent fluid. There was no localised abscess. The pedicle was found to have been divided very close to the uterus, and the ligature was quite embedded.

This patient exhibited no rallying power after the first week, then got into a hectic condition, and sank.

CASE 9. *Both ovaries diseased; extensive adhesions; death in twenty-four hours from peritonitis.*—E. B——, aged forty-seven, admitted October 4th, 1871, under the care of Dr. Protheroe Smith. Has been married nineteen years, and has two children, the youngest fifteen years of age. Catamenia regular, lasting from three to five days, and occasionally profuse. Was in good health till two years ago, when she was seized with a pain in the right iliac region, and, soon after experiencing the pain, noticed a lump the size of a walnut, hard and tender to the touch, and moving away on pressure. The lump has been increasing upwards since. The pain has been almost continuous, with occasional paroxysms of increased severity. The swelling in the abdomen has become more marked during the last two months, and in the latter three weeks has been getting much worse. Girth at umbilicus 45½ in. Œdema of feet and ankles.

Paracentesis abdominis was performed on Oct. 5th, and 496 oz. of greenish-yellow albuminous fluid removed.

Oct. 10th.—Abdomen partly refilled with fluid. A hard mass can be felt rising out of the pelvis on the left side, and reaching up to the level of the iliac crest; this can be felt reaching across the middle line of the abdomen to the opposite side. A similar mass can also be felt reaching up to within two fingers' breadth of the right false ribs. The masses are freely movable in the cavity of the peritoneum. Uterus central, 3½ in. long. The movement of the tumour in the abdomen communicates movement to the sound in the uterus.

21st.—Abdomen again tapped, and 192 oz. of fluid withdrawn.

28th.—Operation performed by Dr. Edis. The tumour was found adherent to the left side. The pedicle was very extensive, and was transfixed and tied in three separate portions. The tumour was closely adherent to the fundus uteri. The adhesion was easily broken down, the main ligature being within 1½ in. of the fundus uteri. Some bleeding vessels on the left side were secured with silk ligatures. The actual cautery was applied to some oozing vessels, and subsequently a strong solution of perchloride of iron. There was then found a tumour connected with the right ovary, the size of the fœtal head at term, perfectly free in the abdomen. This was also removed, and the operation completed.

The patient rallied well from the operation, but suffered much from pain, which was only partially relieved by hypodermic injections of morphia. At 6 A.M. on the day after operation she was seized with violent pains round the waist. The pulse went rapidly up to 160 and 180 at 10.55 A.M. (about twenty-four hours after the operation), when she died.

Post-mortem.—Evidence of general acute peritonitis. The tumour of the left ovary was composed almost entirely of botryoidal masses, hard, of various sizes and shapes, and very few cysts. That of the right side was one cyst about the size of a fœtal head at term, with hard masses on its summit, as in the other tumour. The two tumours together weighed 7½ lb.

CASE 10. *Multilocular cyst; no adhesions; recovery.*—E. B——, aged nineteen, single, admitted under the care of Mr. Heath, October 31st, 1871. Catamenia regular and profuse; due in a fortnight. Has noticed the stomach to be larger than it should be for two or three years, not more on one side than the other. She has no pain; general health good enough except that she has felt fatigued more than formerly. Abdomen occupied by a large tumour slightly more prominent to the right of the umbilicus. Right flank resonant; left dull and smooth on the surface, except about one inch below the left false ribs, where solid matter can be detected; fluctuation through. Girth at umbilicus 37½ inches.

Operation, Nov. 4th.—The tumour found to be a multilocular cyst of left ovary, with a long, broad pedicle, and free from adhesions, was removed. On examining the other ovary it was found to be at least double its size, elongated, deep-blue in colour, tense, and glistening at the outer end as if about to burst. It was not interfered with. The operation was completed in the usual way, and the patient put to bed. The tumour consisted of one large cyst and four smaller ones aggregated together at the upper and left part. It weighed 3½ pounds. The fluid measured 11 pints, was clear, yellow, and of a syrupy consistence. Menstruation came on the third morning after the operation, and lasted, in normal quantity, three days and a half. Patient did exceed-

ingly well till the end of the third week, when she caught cold and got an attack of bronchitis, which put her back a little. She left the hospital, cured, December 16th.

EDINBURGH ROYAL INFIRMARY.

LITHOTRITY IN A CASE OF STRICTURE OF THE URETHRA.

(Under the care of Mr. ANNANDALE.)

THE following interesting case has been communicated to us by H. C. Marten, M.B.

U. D——, aged thirty-three, admitted on the 24th of December, 1871. The patient had suffered from stricture of the urethra for thirteen years, and had during this time been treated by simple dilatation and by Mr. Holt's method, which had been repeated three times. The last of these operations had been performed one month ago by his medical attendant, Dr. Daw, of Dunfermline, who detected the presence of a stone in the bladder, and hoped to be able to remove it by lithotrity when the urethra was sufficiently dilated. Finding, however, that he could not dilate the urethra so as to enable the lithotrite to pass, he advised the patient to place himself under Mr. Annandale's care.

Two days after admission Mr. Annandale passed a No. 8 bougie and a sound into the bladder, and ascertained that the stone was about the size of a filbert nut. There was a slight contraction of the urethra in its anterior portion, and a well-marked stricture admitting with difficulty a No. 9 bougie in the region of the bulb. Bougies were passed through the stricture every two or three days until No. 12 was reached; but as even then the lithotrite (Sir H. Thompson's instrument) could not be readily passed, internal division of the stricture was performed under chloroform, the lithotrite afterwards introduced, and the stone crushed. The lithotrite was introduced on four other occasions at intervals of a few days, with the result of completely removing the stone, the fragments of which passed from time to time after the various sittings. The patient suffered no bad results from the operation, and left the hospital on the 27th of January, 1872, perfectly relieved, and able to pass his water freely and in a full stream.

In a short clinical lecture on the case, Mr. Annandale referred to the principles which should be considered in selecting lithotomy or lithotrity for the removal of a stone in the bladder; and remarked that an important principle, in deciding upon the latter operation, was that the urethra should be in a healthy condition. The present case seemed to him to be one in which an exception might be made, as the stone was found to be neither large nor hard; and the urethra, although contracted, was very tolerant of instrumental interference. As the operations previously performed for the relief of the stricture had not dilated the urethra sufficiently to permit the ready introduction of the lithotrite, he had thought that internal division would be the simplest and most efficient method of getting rid of the stricture, so as to allow the operation to be satisfactorily accomplished.

Reviews and Notices of Books.

Miscellanies. By JOHN ADDINGTON SYMONDS, M.D. Edin. Selected and Edited, with an Introductory Memoir, by his Son. London: Macmillan. Bristol: Arrowsmith.

IN an obituary notice (THE LANCET, March 4th, 1871) we endeavoured to do justice to the singularly fine nature, intellectual and moral, as well as to the distinguished culture, professional and literary, of Dr. Symonds. High as was our estimate of him, it is more than confirmed by the volume before us, which ought to have a place in every physician's library, not only for its substantial merit in medical discussion, but for the evidence it affords of what Dr. Acland has so well called "the complete professional mind." Amid the cares of an extensive practice, and in spite of health at no time robust, Dr. Symonds, though without a university education in arts, so succeeded in repairing this disadvantage that he made himself one of the most accomplished classical scholars of the day, and earned a high position among critics æsthetic, literary, and antiquarian. Far from weakening his hold on subjects of more purely professional interest, his studies in literature and art quickened and intensified it; so that, judged from whatever point of view, whether as to inductive force, justness of generalisation, or lucidity of exposition, his medical papers may be regarded as models for the imitation of his less gifted and less accomplished brethren.

His son, whose reputation at the University of Oxford has extended into other centres of thought and culture, has shown great judgment as an editor of his father's papers. Omitting such contributions to medicine proper as the well-known lectures on Headache and the analytical essay on Tetanus, he has grouped the materials before him under five heads, from any of which the reader can discern with what disciplined powers Dr. Symonds came to the treatment of physical science, of social and political economy, and even to the composition of poetry, original and translated.

The charming essay on the Principles of Beauty, with its lucid demonstration that the Beautiful, like the καλὸν of the Greeks, has an objective standard, we have already characterised; while the lectures on "Waste," "Ten Years," and "Knowledge," must be familiar to all readers of contemporary literature. The gem of the volume is, in our judgment, the biographical study of Dr. Prichard, between whom and the author there were many points of intellectual and moral resemblance. Both followed the same profession in the same city; both became, in turn, the leading physician there; and both stood high above their fellows, not only for medical but for scholarly attainments. The relation between biographer and subject could hardly have been more favourable for biographical success; and this Dr. Symonds has certainly attained. The sections treating of the contributions of Prichard to ethnology and medico-psychology are discussed—in particular his enunciation of the doctrine of moral insanity—will be found as instructive as they are interesting, and will prepare the reader for the intellectual feast awaiting him in the subsequent essays on "Criminal Responsibility in relation to Insanity" and "Medical Evidence in relation to State Medicine."

The address on the "Public Estimate of Medicine," long recognised (as we have said before) by all enlightened physicians as perhaps the most successful "Apologia pro vita sua" ever published, will be read with peculiar interest at present. The conflict between a stationary science, like that of law, and a progressive one, like that of medicine, has been waged by the former with such unfairness that a vindication of the latter is loudly called for. We have actually seen it objected to the claims of medicine as a science that it cannot define health or disease. Would its legal censor abide by a similar test, and abandon the pretensions of his own profession to scientific dignity because he could not formulate the philosophy of right?

The poems and translations with which the volume concludes are the productions of a mind imaginative and emotionally susceptible in a rare degree. "A Philosopher's Psalm" has much of the deep devoutness of Keble and the lofty ethical spirit of Wordsworth. The translations from the Greek, especially those from Theognis, strike us as happier than those from the Latin, the version of the "Æquam memento" (Horace, Odes II. 3) being somewhat un-Horatian in its diffuseness; while in one passage, the famous

> "Quid obliquo laberat
> Lympha fugax trepidare rivo?"

finds inadequate interpretation. It is but just to say, however, that other interpreters have been scarcely more successful.

The introductory memoir is written in excellent taste—at once appreciative and modest, manly and refined.

OUR LIBRARY TABLE.

A Guide to the Examination of the Urine. Designed chiefly for the use of Clinical Clerks and Students. By J. WICKHAM LEGG, M.D., Casualty Physician to St. Bartholomew's Hospital. Third Edition. London: H. K. Lewis. 1872.—We are glad to see that the merits of this little book have been so fully appreciated as to have called for a third edition. The paragraphs relating to the clinical value of the morbid changes discoverable in the urine have been enlarged and improved. An appendix gives a concise and plain description of the manner of estimating the urea, chlorides, phosphates, sugar, &c., by volumetric or other rapid analyses. Altogether it is a handy and practical Guide, well adapted to the requirements of those engaged in clinical work.

Sciatica, Lumbago, and Brachialgia. By HENRY LAWSON, M.D., Assistant-Physician to St. Mary's Hospital, and Lecturer on Physiology in St. Mary's Hospital Medical School. London: Robert Hardwicke.—Dr. Lawson is an enthusiastic advocate of the hypodermic injection of morphia in these affections. No fresh light is thrown upon the pathology of the subject; but the author is opposed to the central theory, believing the mischief to lie in the nerve-extremities.

Preliminary Notice on the Treatment of Emphysema of the Lungs by Artificial Expiration. By J. B. BERKART, M.D. London: J. and A. Churchill.—This is a little pamphlet of fifteen pages, the contents of which have already appeared in our own columns. We presume that it is now sent out as a sort of light Uhlan in advance of a coming mass of further information on the subject.

The Detection of Criminal Abortion, and a Study of Feticidal Drugs. By ELY VAN DE WARKER, M.D., Syracuse. — Although we were perfectly aware that criminal abortion is far more frequent in America than in this country, we were scarcely prepared to learn that there it is "a science and an art," and that "an old man in Syracuse performs the operation for ten dollars and takes his pay in instalments," both of which facts are stated in the first chapter of this book. The water injection appears to be the favourite mode of procedure; but, among the many other methods of procuring abortion, we may mention that electricity is made use of, a special machine for passing a current through the uterus being openly sold at the instrument-maker's. The book is, after a sort, sensible and practical, although its style is coarse and inelegant.

On the Past and Present State of Medicine in India. By GOPAUL CHUNDER ROY, M.D., F.R.C.S. Glasgow: Dunn and Wright.—This pamphlet is a reprint from the *Glasgow Medical Journal*. The historic aspect of the question presents such a wide and interesting field for research and speculation, and commends itself so strongly to a native medical man, that we could wish that Dr. Roy had been far more exhaustive in his treatment of it. However, it contains some readable information, mixed up with a few platitudes, and a reference to the "glorious British power."

Further Evidence in favour of a Hill-residence for European Soldiers in India. By W. CURRAN, L.R.C.P. Edin. Dublin: J. Falconer.—This work is a reprint from the *Dublin Quarterly Journal of Medical Science*. Mr. Curran strongly recommends the Himalayas as a residence for European troops in the summer, and for camps of exercise or cantonments during the winter; at the same time he considers the hills are more adapted for maintaining health than for restoring it.

AN ELECTION AT THE ACADEMY OF MEDICINE OF PARIS.—After a severe contest, M. Dolbeau, Professor of Surgery at the Faculty, was elected on the 5th of March, defeating M. Voillemere, a surgeon of great eminence, but not connected with the Faculty.

GENERAL COUNCIL OF MEDICAL EDUCATION & REGISTRATION.

Session 1872.

MONDAY, MARCH 4TH.

DR. PAGET, the President, again occupied the chair.

THE SCOTTISH EXAMINING BODIES.

Dr. PARKES proposed the following motion: "That, in case the medical authorities in Scotland have not succeeded in forming a proper scheme for the formation of a conjoint board for Scotland by the 1st January, 1873, the Council will endeavour to obtain a legislative enactment under which a conjoint board for Scotland may be constituted." He said the Council would perceive that this was only a part of what was aimed at, because any legislation would have for its object a perfect conjoint board in each division of the kingdom. Why should the Council hesitate in the matter? Five or six years ago it held endless meetings on the subject of fresh legislation; committees were appointed, and the president was directed to see the Secretary for the Home Department and ask him to bring in a Bill. It would be extraordinary if the Council, after having for so many years endeavoured to force on legislation, should now take an opposite view and endeavour to avoid it. In truth, however, legislation could not be avoided, and what it was impossible to avoid wise men would seek to control. There was no hope of any conjoint board being formed in Scotland without the aid of legislation, as was obvious from the communications that had been laid before the Council. Dr. Andrew Wood and Dr. Fleming were outvoted in their own colleges.

Dr. ANDREW WOOD.—Not upon the point of the conjoint board.

Dr. PARKES.—At any rate, the whole action of Scotland showed that it was extremely unlikely that anything would be done in that direction which could be at all satisfactory to the Council. The motion of which Sir W. Gull had given notice proposed to give a little more time to the Scotch bodies, but what was the use of giving more time? It was eight years since they had brought before them the facts proving that some of the licensing bodies were admitting perfectly unqualified men, and year after year the same state of things existed. It was not possible by any visitations to exercise a proper control over the various licensing bodies; it was six years since the visitations were instituted, and they had to a great extent failed in their object. It was three or four years since the subject of a conjoint board was brought forward, and, with the honourable exception of England, nothing virtually had been done; and even in England the scheme was not as perfect as could be desired. There should therefore be no more delay in seeking the only remedy that was likely to be useful. He had been taunted by Sir Dominic Corrigan with always wishing the Council to do something strong and vigorous. He entirely accepted the reproach, and rather gloried in it. He thought the Council was far too much wanting in proper dignity, and that it would be much better for it to speak out boldly and firmly what it desired, rather than go on year after year entreating and begging, and, after all, having its entreaties and remonstrances unattended to. The Queen's University in Ireland had entirely set the Council at defiance with regard to certain regulations as to preliminary examinations. When applied to, they only returned an evasive answer, and finally none at all. Sir D. Corrigan then reproached the Council with being unable to do anything.

Sir D. CORRIGAN.—No, I reproached Dr. Parkes.

Dr. PARKES.—I am not the Council.

Sir D. CORRIGAN.—Certainly not.

Dr. PARKES.—It was the action of the Council, and the Queen's University was guilty of a flagrant disregard of the orders of the Council.

Sir D. CORRIGAN.—I rise to order. The question is one relating to what is to be done with the licensing bodies in Scotland,—whether they are to be whipped or not. I object to going into the details of a contest between the Queen's University and Dr. Parkes on the present occasion. If Dr. Parkes will bring forward any motion relative to the

Queen's University, I am ready at an hour's notice to meet him.

Dr. PARKES said that Sir D. Corrigan introduced the subject himself, and he was referring to it as an illustration of the necessity for legislation. Sir D. Corrigan knew the reason why the Council had not been able to take further action. Under the Act of 1858 a reference to the Privy Council could not be taken with any effect upon the subject of preliminary examination; and if they had applied to that body the probability was that, upon the letter, though not upon the spirit, of the law, the Council would have lost the day. That was the sole reason why the question of the Queen's University was not proceeded with; but probably it would again crop up to the surface.

Mr. HARGRAVE seconded the motion.

Dr. ANDREW WOOD said he had taken considerable comfort in the conciliatory course adopted by Sir William Gull and Dr. Humphry, and he could assure the Council that if one thing more than another could tend to encourage the Scotch bodies to do what the Council desired, notwithstanding the observations of Dr. Parkes, the speeches of those gentlemen would have that effect. But Scotland would not be dragooned into taking that step. Scotland would judge for itself what was right. It must be convinced by reason and argument, and would not yield to a pistol presented at its head. He was surprised to hear that nothing had been done during the last eight or ten years to improve the status of the profession. The results of the examinations by the Army Medical Board distinctly negatived the statement. Very recently Mr. Busk, one of the examiners, told him that during the last few years a vast improvement had taken place in the qualifications of the candidates. Scotland was not to be frightened by the threat of legislative proceedings. He would rather trust to the tender mercies of the Legislature than to some of the English members of the Council. For himself he did not fear legislation. The Scotch bodies did not oppose the Bill that was brought into Parliament, and if Dr. Parkes thought that they were to be forced to action by the threat of legislative interference, he would find himself grievously mistaken. Why was Scotland to be made the *bête noire*? The English scheme perpetuated the very evil that had been complained of by leaving out the Society of Apothecaries, which would continue to give its single qualification. The English members might think their plan the best, and Scotland should have credit for a similar conscientious preference. Theirs was a plan which did not degrade the universities and colleges from their functions, but a plan by which they abandoned the right of entering their degrees or diplomas upon the Register until the person had been subjected to a practical test examination in the interests of the public. Dr. Parkes's motion was an invidious one, and would have an effect the very opposite of that which was intended. The mild and courteous proposal of Sir W. Gull seemed a natural and fit corollary to what was done on Saturday, but the motion of Dr. Parkes would arouse a degree of antagonism that could not be easily allayed. He believed that the Scotch members would vote for Sir W. Gull's proposal, and when they returned to Scotland they would do their best to carry out a scheme for a conjoint board. He did not know whether it would be approved by Dr. Storrar. [Dr. STORRAR.—Hear, hear.] That did not matter a pin. [Dr. STORRAR.—Hear, hear.] (Laughter.) If a good scheme were sent in, and the Council refused it, then let a legislative enactment be sought; but a slur should not be cast upon Scotland for not doing what England had not succeeded in accomplishing. Moreover, let them remember that the emblem of Scotland was a thistle, and its motto, "Nemo me impune lacessit."

Dr. BENNETT said he was desirous of throwing oil upon the troubled waters. He was sorry that Dr. Andrew Wood had not followed the excellent example of Sir W. Gull and Dr. Humphry, by addressing the Council in the same conciliatory spirit. The Scotch members were anxious to carry out the views of the Council, but no doubt they had great difficulties, greater than those experienced in England, and might, therefore, require more time and effort. At the same time there was some reason for the dissatisfaction that had been felt at the Scotch members not proceeding further than they had done. He believed that they had not as yet understood the subject and had not fully grappled with the scheme brought forward by England, otherwise they would have proceeded further. They were now beginning to understand it a little more clearly, and within the course of a few months they would be able to propose something that would be satisfactory to the Council. They would conciliate the Council all the more if they would not so often throw in their teeth the imperfection of the English scheme. A perfect scheme was not expected from Scotland any more than it was expected from England, but if the Scotch members would bring forward a scheme as perfect as the English, he ventured to say that it would be carried by the Council as unanimously as the English scheme had been. Some of the proposals from Scotland contained the essence of what the Council desired. He hoped that Dr. Parkes would withdraw his motion in favour of that of which notice had been given by Sir W. Gull. It was a mistake of Dr. Parkes to suppose that application had been made to the Legislature for a conjoint board. The Bill applied for had reference to several points of importance, but it had nothing to do with the subject under discussion. The Government, however, told them that the Bill would have to comprise a very much wider field than it did, and that the mode of admission to the Register would have to be altered. It was then that the Council passed a resolution that it would be desirable for conjoint boards to be established for each division of the kingdom. With regard to the English scheme, if all the graduates of the universities were excluded from it, it would still be practically a complete scheme for the country. It was true that the Society of Apothecaries might continue to enter its students on a single qualification, but what would that qualification be worth? No doubt candidates would all seek a double qualification.

Dr. STORRAR said he did not think it would be advisable to introduce a Bill during the present session, nor did he think the Government would support any measure of medical reform that had not received the pretty unanimous concurrence of the profession. He felt an exceeding reluctance to meddle with Parliament if it could be avoided, and he was only induced to support the last Medical Bill because he found that Lord De Grey was prepared to take up the whole subject on behalf of the Government. With regard to the English scheme it had been suggested that if too high a standard were adopted the students would go off to other bodies. He was not afraid of such a result. It was a mistake to suppose that there was a tendency in men to prefer easy to difficult examinations. Good men would prefer the best examinations within their reach; if it should turn out that the scum went elsewhere, England would be the gainer by the *prestige* associated with its qualifications. He believed that the present Act of Parliament gave the different bodies the power to do an immense amount of good if they only had the will to do it. It was no use, however, proceeding too hastily; they should rather follow the old proverb, "Festina lente." He could not vote for Dr. Parkes's motion, but thought that the proposal of Sir W. Gull would apply the necessary amount of respectful pressure to secure a result that would be eventually satisfactory.

Sir WM. GULL proposed the following amendment:—"That a notice of the last resolution of March 2nd, 1872, be sent to the medical authorities of Scotland, together with a statement that the Council still urges upon them the desirability of a conjoint examination, and expresses the hope that a scheme for such an examination as the Council can sanction may be submitted to the Council by January 1st, 1873." He sympathised with Dr. Parkes as to the desirability of moving in the direction of a conjoint scheme, but no doubt the Scotch bodies, and perhaps the Irish, saw great difficulties in carrying it out. For himself he was disposed to think that, as the proposed conjoint examination was not brought forward for the benefit of the profession, but in the interests of the public, the public should pay for it. In Scotland they did not quite concur in that view. The object of the Council should be to set the medical schools and corporations free for the teaching of medicine in the best possible way, without regard to mere professional requirements. In Scotland and Ireland education had not been behindhand; Scotland especially had taken a leading part in general and medical science. He had had something to do with the Civil Service examinations in general literature, and he had been struck with the position attained by the candidates coming from Ireland

and Scotland. His experience of men educated in Scotch and Irish schools led him to think that their medical training was in some respects superior to that of the general mass of men who had been trained elsewhere.

Dr. HUMPHRY, in seconding the amendment, said he agreed with Dr. Storrar in thinking that the desired result would be more readily attained by a courteous pressure upon the several licensing bodies than by an application to Parliament. They had no right to say that there was no hope of a satisfactory scheme from Scotland. The Scotch bodies assented to the principle of a conjoint examination, though they could not agree as to the extent to which the examination should go. He was glad to hear the remark of the President to the effect that the observations of Dr. Storrar on Saturday must be taken as proceeding from him individually, and not as binding the other members. He hoped that the Scotch bodies would endeavour earnestly and honestly to frame such a scheme of examination as they might think best for Scotland. It was not for the Council at present to impose any particular scheme upon them, much less to say that they would not accept any scheme that did not correspond with that of England. With regard to the time that had elapsed since the subject was first brought forward he did not think there was any ground of complaint on that head. Numerous bodies had to be consulted, and he did not see how any satisfactory conclusions could be arrived at in a much shorter space of time. With reference to the suggestion that the State should pay for the conjoint examination, it should be borne in mind that if the State paid for it it would require to exercise some control over it.

Dr. ALEX. WOOD said that no greater difficulty had been thrown in the way of the formation of a conjoint board in Scotland than that created by Dr. Storrar and Dr. Parkes. Long before the Act of 1858, when conferences were held on the subject of medical reform, Dr. Storrar maintained that no proper reform of the profession could take place until the medical corporations were swept out of the way altogether. [Dr. STORRAR: Oh dear, no.] He would not use the very strong and pointed language which Dr. Storrar employed in the lobby of the House on one occasion, and which sunk into the heart of every Scotchman who heard him, but he had witnesses to prove that Dr. Storrar always maintained that the medical corporations were the great obstructions in the way of reform, and that no proper reform would ever be arrived at till they were swept out of the way. [Dr. STORRAR: No.] At any rate that was the universal belief in Scotland, but every Scotch member would be delighted to hear that that was not the opinion of Dr. Storrar now. Two years ago, when the subject was introduced at the Council, the speech of Dr. Parkes was not very well calculated to conciliate the susceptibilities of the Scotch members. Those bodies were governed, not by a small number of persons, but by the general body of Fellows, who took a warm interest in the discussions, and when they read the speeches of some of the members of the Council they felt alarmed for the interests of the bodies with which they were connected. He (Dr. Alex. Wood) might think that the University of London in its schemes and plans was a gigantic mistake—that it gave university degrees without giving a university training, putting a stamp of university authority upon a coin which had no university character at all. That might or might not be his view, but if he were to express such a sentiment what would be thought of him?

The PRESIDENT interposed, and said that the speaker was getting rather wide of the subject under consideration.

Dr. ALEX. WOOD thought that his argument was a strictly logical one. The difficulties in Scotland were very great, and there would be now added to them a singularly ill-judged speech of Dr. Parkes. He thought it would be a wise course for the Council to appoint a committee of men of consideration and calmness, like Sir William Gull and Dr. Humphry, to meet the Scotch bodies, and endeavour to persuade them to come to the point at which they had arrived in England. That course might result in the adoption of a scheme which would be satisfactory to the Council and an improvement upon that adopted in England.

Sir D. CORRIGAN said he was surprised that Dr. Bennett, in the face of the threat contained in the motion proposed by Dr. Parkes, should have the amazing innocence to ask Dr. Wood to be more conciliatory. He heard Dr. Andrew Wood's reply with great delight. It had been alleged that the Queen's University was guilty of an evasion, and then gave no reply. To the first charge he gave as distinct a denial as courtesy would permit him; the second he fully admitted. The University gave no reply because it scorned the attack. Two years had passed away, and the only observation that Dr. Parkes had to offer in "defence" of his conduct with regard to the Queen's University was that perhaps it might "crop up again." He was now getting into the same scrape with the Scotch universities and the Scotch nation, and that was what he called taking "decisive steps." Some members of the Council appeared to think that the Society of Apothecaries was caught in a trap, and that its licentiates would have to go before the conjoint board. That was a great mistake, because a licentiate of the Society could easily go to the College of Surgeons of Edinburgh, and there obtain his surgical diploma. With regard to the value attached to superior qualifications he was able to say, from extensive experience in Ireland, that boards of guardians at any rate did not care a penny about them. When a board of guardians happened to be in a remote part of the country, where they could not get anyone to attend themselves when they were sick, they looked sharply after the qualification of the applicant; but in a populous district, where medical men were accessible, he never knew an instance in which they cared a penny about the matter. (Laughter.) He once gave it in evidence before a committee of the House of Commons, and he had never altered his opinion, that in seeking a public appointment he would rather have the recommendation of a bank discounter than a qualification of Hippocrates. (Laughter.) He should vote against the amendment, but he did not know what course he should take with regard to the resolution.

Dr. QUAIN, referring to the letter of Sir R. Christison, said it was full of misconceptions, and he regretted that the writer was not present in order that those misconceptions might be removed.

Dr. FLEMING said that the conciliatory manner in which the Council had discussed the question at that sitting would in a great measure do away with any increased difficulty and irritation caused by the discussion of Saturday. He hoped that the Scotch members would be able to return and approach the subject with a greater prospect of success. It should be remembered that the medical authorities in Scotland were not only licensing, but educating bodies, and that was one element of difficulty. He hoped that Dr. Parkes would withdraw his motion.

Dr. A. THOMSON joined in the hope expressed by Dr. Fleming. The motion, he said, would have a very injurious effect, instead of assisting the Scotch bodies to frame a scheme for a conjoint board. After the general agreement expressed in the papers sent to the Council, he hoped there would be no great difficulty in their agreeing to a measure that would be satisfactory to the Council. It was disclosing no secret to say that he had seen more than one draft of a scheme which he thought would be quite satisfactory to the majority of the Council.

Dr. MACROBIN expressed his concurrence in the remarks of Dr. Thomson, and hoped that Dr. Parkes would withdraw his motion.

Dr. ACLAND felt obliged to Dr. Parkes for handling the subject in so straightforward a manner. It would be better if all the institutions of the country could be led gradually to do their duty without any threat or coercion. But the public was fully determined that there should not be nineteen licensing bodies in the kingdom, and that fact should not be ignored. Great latitude, however, ought to be allowed to the different bodies concerned in carrying out the proposed reform under the direction of the Council. The proper policy was one of extreme forbearance in view of the difficulties that stood in the way. He joined in the request that Dr. Parkes would withdraw his motion.

Mr. QUAIN supported Sir William Gull's motion. He said there was some little reproach resting upon the Scotch universities in consequence of the professors examining their own pupils for degrees; some little change had taken place in that respect, and assessors had been appointed, but it was difficult to conduct the examinations in the way the professors desired, as in various parts of Scotland they could not get assessors of sufficient standing to assist them.

Dr. FLEMING expressed his dissent.

Mr. QUAIN said it might not be the case in Glasgow.

Dr. MACROBIN said that no examination was held without an assessor being present with the professor.

Mr. QUAIN said it was the impression in England that a professor should have no voice in the examination of his own pupils. If he were a professor in Scotland he should think it a great assistance to have a single examination in one place through which all the candidates would have to pass in order to obtain a licence. In such a case the professors might continue their examinations as before. He did not think that the visitation of examinations could go very far; a very strict system of visitation would not promote the dignity of the schools or increase the honour of their degrees. He hoped that those who now dissented in Scotland from the proposal for a conjoint board would come to associate themselves with their colleagues who represented them so worthily at the Council.

Dr. PARKES hoped that the Council would not think him extremely obstinate if he persevered in his motion. He honestly believed that there was no hope of a conjoint board in Scotland, and none of the arguments that had been advanced had altered the view that he entertained. His motion was not designed as a threat, but only as a fair intimation of the course proposed to be taken. Something must be done. The Council would not allow the matter to drop, and it was only fair to inform the bodies that an application would be made for a legislative enactment.

The amendment was then put and carried, 16 voting in its favour and 2 against.

On the amendment being put as a substantive motion,

Dr. BENNETT moved "That the date of July 1st, 1872, be substituted for January 1st, 1873." This amendment was seconded by Dr. ACLAND, and agreed to without discussion.

The motion as amended was then adopted.

THE IRISH MEDICAL AUTHORITIES.

Certain resolutions passed at a meeting of the General Council of the Apothecaries' Hall on Feb. 4th, 1872, were laid before the Council, together with the resolution passed by the Council of the Royal College of Surgeons on the 17th February, 1872.

Dr. HUMPHRY moved: "That this Council expresses its regret that no scheme has been framed and submitted to the Council by the medical authorities in Ireland for establishing a conjoint examination. The Council has considered the resolutions of the Conference of Representatives on this subject, and hopes that a scheme for a conjoint examination which the Council will be able to sanction may be submitted to the Council by the 1st July, 1872." The discussion, he said, that had taken place had blown many clouds away, and shown that the Council was on the right tack. There was no desire for a strict uniformity of qualification, but only for an efficient and satisfactory examination in each division of the kingdom. The Council had had put before it the resolutions of an important conference of the representatives of several medical authorities in Ireland, who met sixteen times to consider the subject.

Sir D. CORRIGAN said that those resolutions had no force whatever; they were merely waste-paper unless they were confirmed by the resolutions of the bodies themselves.

Dr. HUMPHRY said he knew that they had no legal force, but they had a considerable moral force as the opinions of the delegates of the corporate bodies. The conference resolved "That it is expedient to establish a conjoint examination in medicine, surgery, pharmacy, and midwifery," and he thought he was warranted in expressing a hope with regard to Ireland like that which had been expressed with regard to Scotland, that there would soon be forthcoming from that country a scheme which would receive the sanction of the Council.

Dr. STOKES, in seconding the motion, said that Dr. Parkes had not estimated the difficulties of the question, and the representatives of Ireland had some right to complain that he had spoken of a coercion Bill—(hear, hear, and laughter),—and he had done so before the report of the conference had come before the Council, before a single Irish representative had opened his mouth upon the subject. He wished to remind Dr. Parkes that the Council had been wisely constituted without any direct or even indirect mandatory power, and he agreed with Dr. Alex. Wood that the universities and medical corporations of the country were not to be dictated to on the *sic volo sic jubeo* system. Comparing the results of the last conference with those of the two preceding ones, there was a marked difference not only in the mutual good understanding between the corporations, but in a *bonâ-fide* earnest desire to carry out the wishes of the Council. (Hear, hear.) Great as had been the difficulties in the English arrangement, he thought there were even greater in Ireland. A distinguished body of representatives had been chosen to attend the conference. They did not propose in their report to interfere with any of the bodies as to professional education. They recommended that the fee charged for examination should be no more than was sufficient to cover the expenses, believing that the existence of a surplus for division might be injurious, as giving to the corporation an interest in keeping down the expense, and therefore the efficiency, of examinations. The report carried out the views of the Council as to preliminary education, which was to be entrusted to the universities, and taken out of the hands of the corporations. The report recorded the opinion of the conference that public teachers might also be examiners, and he believed that view was a just one. The idea of teachers not being allowed to be examiners was based upon that want of confidence in one another to which allusion had so often been made. The report further recommended that all candidates who were going in for conjoint examinations should pass three professional examinations. He (Dr. Stokes), however, had voted against that proposition, believing that there was great danger in the multiplicity of examinations. They were good when applied to clinical medicine or surgery, or to the art of surgery and the art of medicine, but long experience had led him to the conclusion that when examiners took their candidates into the more recondite parts of the theory of surgery and of medicine, they were apt to fall into the mistake of seeking to find out what a man did not know. (Hear, hear.) It was true the report had not been adopted by the licensing bodies, but it had been sufficiently adopted to justify him in saying that an enormous advance had taken place in the right direction. The most distinguished men in the University of Dublin had assented to the proposition in all material respects; the College of Surgeons had assented to it except as to the money question; the Apothecaries' Hall had adopted it *in globo*; the College of Physicians and the Queen's University had withheld their approval. He thought it was the duty of the Council to recognise the efforts that had been made in Ireland to carry out its wishes. Time, he believed, would lead to unanimity, and there was every prospect of its being attained before long. There ought to be no proceeding by way of mandamus, for the Council had no power to take it. He believed that great things had already been accomplished. Speaking with an intimate knowledge of a large hospital class in Dublin during forty years, he could declare, in opposition to the remark of Dr. Alex. Wood, that an enormous amount of good had been done, and the date of the commencement of the good was the second year of the existence of the Council. The young men were wonderfully improved in their general habits, their industry, their gentlemanly conduct, and literary attainments. (Hear, hear.)

Dr. A. SMITH said it was understood that the report of the delegates was not to bind anyone; but it was evident that the Irish bodies had made a nearer approach to a complete conjoint board than had been made by any other body. The suggestion in the report that the constitution of boards of preliminary examination should be left to the universities was a very valuable one. Nothing would so effectually promote the object in view as the establishment of *bonâ fide* boards to superintend preliminary education.

Dr. APJOHN said that the Irish bodies regarded preliminary education as no less important than technical education. He hoped that before long there would be a general agreement in Dublin to have a conjoint examination. The proposal from Scotland would not, he thought, answer any useful purpose.

Dr. LEET also expressed his belief that there would be an agreement among the Irish bodies, and that the wishes of the Council would be carried out.

The PRESIDENT, in putting the motion, alluded to the labours of the Irish conference, which had, he said, resulted in a scheme even more complete than the English, since it included the five Irish bodies, and contained proposals relating to preliminary as well as to professional education.

It was to be regretted that all the bodies could not concur in the scheme, but the prospect of their doing so did not appear at all a hopeless one.

The motion was then agreed to *nem. con.*

EDUCATION OF WOMEN.

Dr. ACLAND proposed—"That a committee be appointed to consider and report whether the General Medical Council has power to make rules for the special education of women, such as may entitle them to be certified by the Council. And that the committee do further report for what purpose such qualifications, if any, should be granted, what are the most desirable means of examining and certifying in respect of them, with especial reference to midwifery, the management of medical institutions, dispensing, and nursing." He asked the members of the Council to observe the precise nature of the motion. It had nothing to do with the question which had been so much discussed in the journals during the last two or three years, and which had been a source of great discomfort, especially in Scotland—viz., whether women should be entitled to be entered upon the Register as ordinary medical practitioners. His motion did not relate to any "medical qualification," as it had been erroneously called, or to the question of women's rights to practise, to have degrees, to dissect with other students, and the like—a question the discussion of which he exceedingly deplored; and he would not be diverted from the topic which he had to bring forward by any clamour of persons who might not be considered discreet; whether he (Dr. Acland) considered them discreet or not he would not say. Everyone conversant with the conditions of the poor in large towns, and still more in agricultural districts, would know that there was a great want of nurses and midwives properly qualified. There were various institutions to supply the want both in England and Ireland. In Dublin certificates were granted for army midwives, who went through a regular course of education; the same thing was done with regard to general nursing at St. Thomas's Hospital in connexion with Miss Nightingale's Fund; and the question of the training of midwives had been taken up by the Obstetrical Society of London. He should regret the raising up of a class of persons of that kind to whom the Medical Council should have no relation whatever. It was the duty of the Council to see to the provision for the medical necessities of the people, and if such persons were really needed the Council should be consulted by the State as to the best means of educating and certifying them, and should have a general supervision over them. It need not undertake the responsibility of certifying or licensing, but it might recognise certain institutions in which such persons were trained. Some years since he had a correspondence on the subject with Miss Nightingale, who raised a difficulty about a suitable examination. It was impossible, she thought, to examine a nurse; but a certificate might be given of her having gone through a certain course of training, such as that in operation at St. Thomas's Hospital. He had been asked to withdraw such an unwise proposition. He thought it a wise one. At any rate no harm could come from the proposed committee of inquiry, who would be able to inform the Council whether it could do anything in the matter. On the continent there was a useful class of persons, the Sisters of Charity, who did all the work of the hospitals which were under the control of the religious orders—even the dispensing. Two years ago he wrote to *The Times* on the subject, and he was attacked rather sharply in the columns of that journal by two ladies—women (laughter), who would have all or nothing, and contended that they had as much right as the men to admission on the Register as qualified practitioners if they passed the required examination. That point indeed had been settled long ago. In the first year of the Council a diploma was received setting forth the qualifications of Elizabeth Blackwell. It was received with ridicule, but one member of the Council said, "The question is not one of sex; the question is whether the diploma is a forgery or not; it rests with the bodies whether they grant such diplomas or not." The Council had really nothing to do with that question. With regard to his proposed committee he had received the names of several members who, without pledging themselves as to the answer to be given to the Council, were willing to serve on it.

Dr. STOKES, in seconding the proposal, said he considered it a wise and humane one. A midwife was in reality a practitioner in a branch of surgery and in a branch of medicine, and the question was whether the training and certifying of such persons should be under the supervision of the Council. In Dublin the College of Physicians and the College of Surgeons examined and certified midwives, and the hospitals did the same. He thought it desirable that such women should be regarded as a lower order of practitioners.

Sir D. CORRIGAN objected to the whole proceeding. The proposed inquiry was useless, since every member of the Council knew that they had no power to issue any qualification, except such as were comprised in Schedule A of the Medical Act. The motion, if adopted, ought to include dry- and wet-nursing. (Laughter.) But they would be rendering themselves ridiculous if they pursued the inquiry; and he declined to have anything to do, directly or indirectly, with the question of the admission or rejection of Jex Blake. (Laughter.)

The Council then adjourned.

TUESDAY, MARCH 5TH.

The discussion on Dr. Acland's motion was resumed.

Dr. ANDREW WOOD said that when he first saw the motion he was under the impression that Dr. Acland was anxious to bring into the Council some of the troubles that had vexed Edinburgh for the last three years; that the *venue* of the woman's question was to be changed; and that this might act as a *diverticulum* for the benefit of Scotland. (Laughter.) He was confirmed in this view by observing that the *Scotsman*, the advocate of women's rights, had got hold of the motion and inserted it with a chuckle. He had no doubt that the hearts of Miss Jex Blake and her compatriots were strongly agitated with the hope of getting into a higher sphere. It was a great relief to some members of the Council, as it would be a monstrous disappointment to the ladies in Edinburgh, to find that Dr. Acland's motion was a very small affair. Having heard Dr. Acland's explanation, he was at a loss to understand why the Council should interfere in the education of nurses and midwives. Even if it were within their power, it was totally unworthy of the Council. He admitted that it was of great consequence that midwives should be properly trained; but that was being done in every maternity institution in the kingdom; and special provision was being made in the hospitals for the training of nurses. Dr. Acland should have thought twice before bringing forward such a motion, which he (Dr. Andrew Wood) contended was *ultra vires*. They had no power to institute a new qualification; and if they had it would not add to their dignity to become a registry of midwives. Let Dr. Acland apply the same energy to the subject out of doors that he displayed within the Council, and very beneficial results might be accomplished. But the Council had enough to do without bothering itself about women, who now, as in former days, were the *teterrima causa belli*. (Laughter.)

Dr. A. SMITH contended that the Council had no power to act in the direction proposed, and expressed a hope that Dr. Acland would withdraw his motion.

Dr. ACLAND, in replying, reminded the Council that his motion had nothing to do with the question of the medical education of women. He hoped his colleagues knew him better than to suppose that he would be likely to stir up an outside movement on the question instead of bringing it before the Council. It should not be forgotten that there were three distinct licences in midwifery at present on the Register. These were granted to one sex only; but was there anything to justify them in discouraging the other sex from seeking those licences? He should like to ask Mr. Quain whether there was anything in the bye-laws or in the charter of the College of Surgeons which prevented the granting of a licence in midwifery to the other sex.

MR. QUAIN said he was unable to answer the question.

The motion was then put, and carried by a majority of one; the votes being 11 for, and 10 against. The following gentlemen were appointed on the committee:—Dr. Acland, Sir Wm. Gull, Dr. Quain, Mr. Quain, Dr. Stokes, Mr. Hargrave, Dr. A. Thomson, and Dr. Macrobin.

Dr. HUMPHRY proposed the following resolution, as a rider to that already passed with reference to a conjoint board for England:—"That the Council trusts that the

arrangements for carrying out the scheme for conjoint examinations by certain English medical authorities which has received the sanction of the Council will be so matured that the contemplated examinations may commence early in 1873; and the Council directs that a copy of this resolution be forwarded to each medical authority co-operating in the scheme." It was most desirable, he said, that the arrangements should be completed as early as possible. He understood that this could scarcely be accomplished before 1873, as some of the authorities concerned would not only have to make fresh arrangements, but would have to alter their bye-laws.

The Council was occupied for some time in discussing the question of the period at which the English scheme should commence; the general feeling being that no precise date should be fixed. In the course of the discussion,

Mr. BRADFORD expressed an ardent hope that means might be found to render the scheme perfect for England by the Society of Apothecaries joining in it. Without making any pledge, his belief was that such means would be found, as the general feeling in the Society was in favour of co-operation. The difficulties in the way were not of their own creating, and he believed that they would be overcome. He regretted that an impression should have prevailed that the Society had wilfully seceded from the conference held last year. Unfortunately the members of the other bodies were never fully alive to the nature of the difficulties that stood in the way. If the conjoint board were formed with the co-operation of the Society of Apothecaries, it would flourish like a tree planted by the waterside; but without such co-operation nothing but dissension and litigation would ensue.

Ultimately Dr. Humphry withdrew his motion, and the opinion was expressed by several members that students who had entered upon their course ought not to be affected by the new arrangements.

VISITATION OF EXAMINATIONS.

The following report, presented by the Committee on the Visitation of Examinations, was laid before the Council:—

"The Committee beg to report:—1. That in their opinion the time has now come when an interchange of visitors between the three Branch Councils would strengthen confidence in the visitation, and would tend to assimilate the character of the examinations of the various boards. 2. That with the view of carrying out the resolution of the Council of July 8th, a committee of visitors be appointed to make arrangements what examinations should be visited, and for carrying out the visitation. 3. That the committee of visitors consist of eight, four to be elected by the English Branch Council, and two by the Scottish and Irish Branch Councils respectively. 4. That each examination reported on shall be visited by a due proportion of members of the Branch Councils, other than the one in that division of the kingdom where the examination is conducted. 5. That it s not desirable that visitations should take place in the case of those examining boards with regard to which it shall appear to the visitation committee that there is a reasonable prospect of a conjoint examination being formed."

Dr. ALEX. WOOD, referring to the last paragraph of the report, said that if it were adopted there would be no examinations to visit, seeing that there appeared to be a reasonable probability of a conjoint board being formed for each division of the kingdom. While he thought it perfectly right that the Council should suspend its visitations during the negotiations for the establishment of conjoint boards, yet he thought their resumption would be of great importance to the examinations themselves, and would stimulate the formation of conjoint boards where they did not already exist. It would be seen how far the examinations required modification, and might tend to bring about their unification, which some members appeared to think of so much importance.

After a short discussion, it was resolved to postpone the onsideration of the report.

REGISTRATION OF STUDENTS.

The following report from the Committee on the registration of medical students, and on returns from the bodies n Schedule A of professional examinations and their results, was read and adopted without discussion:—

"Your Committee, owing to the time necessary for the complete correction and verification of the above-named returns being longer than the present short sessions of the Council allow, and the recommendation of the President of the Council to this effect, beg leave to suggest that in future the returns hitherto compiled by this Committee be confided to the Executive Committee."

ARMY MEDICAL RETURNS.

The report of the Committee appointed to examine the returns supplied at the request of the Medical Council by the Director-General of the Army Medical Service was read. The report stated that the best thanks of the Council were due to the Director-General for kindly acceding to their request, and altering the form of the returns from that adopted in former years.

The PRESIDENT said it was satisfactory to find from the returns that of the thirty-four gentlemen examined only one had entirely failed. The percentage of failures in the examinations of the Army Board had enormously decreased in the last few years. At one time it was 40 per cent., while according to the last return it was only 3 per cent.

The report of the Committee was adopted.

PENAL MEASURES.

The following recommendations of the Executive Committee with reference to penal measures were, without discussion, adopted as standing orders:—

"1. That the deliberations of the Council between the completion of the evidence and the decision of the case be held in private.

"2. That the question as to the person charged being guilty or not guilty be put from the chair, and not in the form of resolution by mover and seconder."

THE CASE OF THOMAS ANDREWS.

The PRESIDENT said that a letter had been received from a gentleman at Shrewsbury, on the part of an association that had been recently engaged in prosecuting unqualified practitioners, and had been the means of the conviction of Thomas Andrews, druggist, for illegally assuming the title of M.D. It was stated that the conviction had been appealed against in the Court of Exchequer, thereby entailing considerable additional expense on the association. A hope was expressed that in the event of the conviction being affirmed the Council would sanction the payment of the fine to the association. The President stated that the case in question was a most gross one, and it was very creditable to the parties concerned that they had taken it up at the risk of having improper motives attributed to them.

The letter was referred to the English Branch Council.

FOREIGN DEGREES.

The PRESIDENT said that a letter had been received from a person of some distinction who had a good foreign degree which he could not put upon the Register, although his name was entered for an English qualification. This was, no doubt, a hardship. If the degree had been granted before 1858 it could have been entered, but the Council had no power under the present Act. The Bill of 1870 would have remedied the grievance.

The Executive Committee was then balloted for, and the previous members were re-appointed.

FINANCE.

The following report was presented from the Finance Committee:—

"The Finance Committee beg leave to submit to the Council in the annexed Table a statement of the income and of the expenditure of the Council during each of the years 1870 and 1871, and of the estimated income and expenditure for the year 1872. It will be seen that the income of the year 1871 is less than that of the year 1870 by the sum of £510 5s. This diminution is due chiefly to an decrease in the amount of registration fees. This decrease appears in the returns from each of the several Branch Councils. The amount received by the English Branch Council being less during the year 1871 than that of the preceding year by £178 10s.; that of the Scottish Branch Council by £111 15s.; whilst that of the Irish Branch Council is less by £117 5s. There is also a decrease in the amount credited to sales of *Pharmacopœia* and balance of account. This decrease, however, is not due to a diminished sale of the *Pharmacopœia*, but to the fact that the balance of £337 0s. 6d. to the credit of the *Pharmacopœia* account in

1870, which had been previously kept separate, has since then been paid over to the general account.

"The expenditure for the year 1871 being less than that of 1870 by £1128 18s. 7½d., there is a balance in favour of income for the year 1871 of £878 19s. 6½d. The reduced expenditure for 1871 is due to the fact of there having been but one meeting of the Council during that year 1871, whilst the Council assembled twice in the preceding year."

"A communication addressed to the Chairman by Mr. Bell and Mr. Roope applying for remuneration for extra

	Actual Income for the year 1870.			*Actual Income for the year 1871.*			*Estimated Income for the year 1872.*		
	£ s. d.	£ s. d.		£ s. d.	£ s. d.		£ s. d.	£ s. d.	
Fees received by—									
Branch Council for England ...	2358 0 0			2179 10 0			2200 0 0		
" " Scotland ...	725 0 0			613 5 0			600 0 0		
" " Ireland ...	1047 5 0			828 0 0			850 0 0		
		4130 5 0			3620 15 0			3650 0 0	
Dividends received by—									
Branch Council for England ...	677 1 3			675 12 6			670 0 0		
" " Scotland ...	68 2 2			61 7 9			65 0 0		
" " Ireland ...	65 19 5			64 4 3			60 0 0		
		811 2 10			801 4 6			795 0 0	
Sale of Registers	270 10 0			264 10 6			270 0 0		
Sale of Pharmacopœias	270 0 0			210 12 0			200 0 0		
Balance of Pharmacopœia Account...	337 6 0	... ...		... ...			...		
Penalties	9 19 0			39 19 3					
		887 15 0			515 1 9			470 0 0	
		£5829 2 10			£4937 1 3			£4915 0 0	

	Actual Expenditure for the year 1870.			*Actual Expenditure for the year 1871.*			*Estimated Expenditure for the year 1872.*		
	£ s. d.	£ s. d.		£ s. d.	£ s. d.		£ s. d.	£ s. d.	
Expenses of—									
General Council	... ...	4000 11 9		... ...	2991 2 10½		... ...	3500 0 0	
Branch Council for England ...	597 18 9			393 16 8			600 0 0		
" " Scotland ...	240 13 0			319 5 0			300 0 0		
" " Ireland ...	287 16 10			313 17 2			300 0 0		
		1126 8 7			1126 18 10*			1200 0 0	
		5187 0 4			4058 1 8½		Estimated Total Expenditure ...	4700 0 0	
Actual Income	5829 2 10			Actual Income ...	4937 1 3		Estimated Total Income ...	4915 0 0	
Balance in favour of Income...	£642 2 6			Balance in favour of Income	£878 19 6½		Estimated balance in favour of Income	£215 0 0	

* It will be seen that in this total there is an error to the amount of £100, which will apparently reduce the favourable balance to £778 19s. 6½d.—ED. L.

work in connexion with the investigation into the accuracy of the Register being laid before the committee, it was resolved to refer the application to the Executive Committee, who have charge of the publication of the Register."

Dr. QUAIN, in moving the adoption of the report, said that if another meeting of the Council was held during the present year the expenditure would exceed the estimate, but perhaps it would be better to meet that difficulty when it arose.

The PRESIDENT congratulated the Council on the improvement in its finances, and the report was unanimously adopted.

THE PHARMACOPŒIA.

Dr. APJOHN said that the Pharmacopœia Committee appeared to have been doing very little work, and he suggested that it should not be reappointed.

Dr. QUAIN assured the Council that the committee had been actively employed. They had had an interview with Mr. Redwood, and given him directions for carrying on certain investigations. It might be satisfactory to Dr. Apjohn to know that the committee had agreed to adopt the unitary system of notation.

The committee was then reappointed.

LUNACY CERTIFICATES.

The following letter was read from the office of the Commissioners in Lunacy:—

"Office of Commissioners in Lunacy,
"Whitehall-place, March 2nd, 1872.

"SIR,—I am directed by the Commissioners in Lunacy to call the attention of the Medical Council to the fact that Mr. William Dobson, a Member of the College of Surgeons, England, and Licentiate of Apothecaries' Hall, not being registered under the Medical Act, appears to have been practising at Malvern-road, Beeston-hill, Leeds, and so practising he recently signed a certificate under the Lunacy Acts. He has promised forthwith to register, and upon that understanding only do the Commissioners refrain from proceeding against him criminally.

"I am, Sir, your obedient servant,
"(Signed) CHARLES PALMER PHILLIPS,
Secretary.

"Dr. F. Hawkins, General Council of Medical Education, &c."

The letter was ordered to be acknowledged with thanks.

PREMISES FOR THE COUNCIL.

Dr. STOKES moved that it be an instruction to the Executive Committee to obtain premises where meetings of the Council can be held, and the general business carried on, with comfort and convenience. Its present premises in Soho-square were utterly insufficient, and their place of meeting during the summer was intolerable. The place was disreputable to the Council and the profession.

Dr. FLEMING seconded the resolution.

Dr. BENNETT said he had long felt dissatisfied with the rooms occupied by the Council. The matter had been referred to the Executive Committee, but they could do nothing without some positive command on the subject. There were sufficient funds for the purpose, and the Council would have a better return for its money by purchasing a suitable house than allowing it to remain in the consols. At one time there was a prospect of obtaining suitable rooms through the medium of the Government, either gratuitously, or at a very moderate expense. He suggested that a building lease might be obtained, either on a portion of the Thames Embankment or in the new street to be made between Charing-cross and the north of London.

Dr. SHARPEY said that efforts had been made by the Treasurer to obtain suitable premises, but without success. If the Executive Committee had power to proceed at once in the matter no doubt they might be more successful.

Dr. ANDREW WOOD inquired whether it would be desirable to give any positive instructions without an estimate of the expense.

The PRESIDENT said that the Executive Committee could only act through the instrumentality of the English Branch Council. The money in hand was not possessed by the General Council, but by the separate branch councils. He did not imagine that the English Branch Council would be likely to raise any objection to the proposal.

Dr. ACLAND said that the premises the Council then occupied were not only a discomfort to the Council itself, but a national scandal. The reason why they had not accommodation given by the Government was a logical, but a very remarkable one: because the Council had accepted from the Legislature the duties of publishing the Pharmacopœia, printing the Register, and protecting the public, it was required to pay all the expenses of discharging those duties out of the money received from the profession.

After some further discussion, the motion was unanimously adopted.

The usual votes of thanks were then passed, and the session was brought to a close.

THE LANCET.

LONDON: SATURDAY, MARCH 16, 1872.

THERE seems to be no doubt about the fact of a steady decline in the number of practitioners actually registering under the Medical Act. We were able last week to give the annual number registering since the Act was passed. Taking a period of four years from and including 1861, we found that the average annual number of registrations was 961; whereas in the second period of four years ending with and including 1871 the average annual number of registrations was only 777, or 184 per year less. The steadiness of the decline in the number of registrations is still more clearly shown if we divide the period from 1860 to 1871, both inclusive, into four subperiods of three years each. The number of registrations in each of the three subperiods was, respectively, 2812, 2656, 2347, and 2285, giving an annual average registration in the first three years of 937, in the second of 885, in the third of 782, and in the last of 761. Duly remembering that registration is not compulsory, and therefore not a strict criterion of entrance to the profession, it is the only criterion we have, and on the whole a valuable one. The inducements to register grow stronger rather than weaker. It is the rule in the profession. Public appointments can only be held, the public and legal functions of medical men can only be discharged, and bills can only be recovered in courts of law, by registered persons. We are pretty safe, then, in attaching significance to this steady decline in the number of persons registered as possessed of medical qualifications. Before venturing on a few suggestions in explanation of this state of matters, we may observe that the decline in registration obtains pretty equally in the three divisions of the United Kingdom, and was the chief explanation of a decrease of income last year in the English Branch Council of £178 10s., in the Scottish Branch Council of £111 15s., and in the Irish Branch Council of £219 5s.

It is certainly curious that, with an increase of population in the ten years from 1861 to 1871 of nearly two millions and a half, there should be a decline in the number of registered medical men. As yet there is no evidence of any serious deficiency in this supply. But it is conceivable that, if the steady decrease of registrations continues, the interests of the public may be affected. Up to this point, unless in very sparsely-peopled parts, medical skill is still available enough to be inadequately appreciated, and in very populous districts it is abundant enough to be in the way of temptation to competitive and semi-commercial practices.

Two possible explanations of the decrease in the number of persons registering in the medical profession will occur to most persons. The first of these is to be found in the greater attractiveness of commercial pursuits. The growth of wealth, unhappily, does not tend to make lads more studious or laborious; and they are apt to take to that calling which makes least demand upon their efforts and their time. Moreover, the enormous development of the commerce of the world, and especially of Great Britain and her colonies, affords scope for the labours of a much larger proportion of the population than in any previous time. And it is not only that commerce gives employment to young men, but it gives wealth and social position too to a degree altogether unprecedented. The tendency of our civilisation is to make less of the social distinctions of the past, and to regard men who succeed in any calling as the really respectable classes of society. The worship of success does often take a thoroughly contemptible form; but there is, perhaps, a little more to be said for it than has been said. The energy and the intelligence that have been needed to meet the commercial wants of the world of late have been very real and respectable qualities, and do not differ essentially from the qualities which are needed to make a good statesman or a good professional man. There is some reason to fear that our profession has rather declined in point of social distinction of late as compared with either the sound commercial classes or other professions. There has often been a grievous littleness in our mutual relations, and a tendency to the petty ways of trade. Though we believe that such facts do not obtain generally, and that there has been a general improvement in the tone of professional feeling and an actual elevation of medical practice, it has not been sufficiently marked to induce men to put their sons into the profession as a means of securing social status for them. Our profession has no proper consideration at the hands of the State; unlike the other learned professions, it has no representation in the House of Lords or in the Privy Council, and is thus disgracefully treated, notwithstanding services of the greatest possible public importance.

The other plausible explanation of fewer registrations is, that stricter examinations have to be passed in order to get qualifications. We lament the rivalry and the want of simplicity of the examining bodies of the country; but there can be no doubt that they discharge their duties very much more carefully and severely than they used to do. Nearly all of them reject a large proportion of the candidates applying for diplomas, though, unfortunately, the returns on this subject to the Medical Council are most carelessly and unreliably tabulated. The number of students registered as commencing their proper medical studies shows that there is no falling off in the number of students. Since the year 1866, when the registration of medical students became compulsory, the following are the numbers who have annually registered in the three divisions of the kingdom:—1866, 936; 1867, 927; 1868, 924; 1869, 1164; 1870, 1160; 1871, 1254. These figures show a decided disproportion between the number of students entering the profession and the number appearing on the Register, and would seem to suggest that the non-appearance on the Register is principally due to the excluding effect of the ulterior examinations. Unless a really considerable and increasing number of qualified men fail to register on the score of expense, this would seem to be the principal explanation of their so failing. The regulations requiring intending students to pass a preliminary examination before

beginning strictly medical work—for which we must admit our obligation to the General Medical Council,—has doubtless the effect of showing the unfitness of some men and the indolence of others in time to keep them altogether out of a profession in which industry and capacity are more than ever indispensable.

Finally, the growth of the various foreign and colonial fields of medical labour, perhaps, supplies a part of the explanation of the diminishing registration of recent years. We must be content with having directed attention to diminished registration, and having suggested some of the probable explanations of it. We do not pretend that our explanations are to be absolutely relied on; but the fact itself is curious, and has many important bearings.

THE householder is at last beginning to follow the physician in his demand for pure water. The apathy of the public, which for so long a time has hindered and disheartened the man of science in his efforts for improvement, has been rudely shocked by the events of the Prince's illness, and it may be hoped that the time is come when all classes will feel interest in one of the gravest of sanitary problems.

The water used in dwelling-houses is derived from three chief sources—namely, direct rainfall, rivers, and wells. Pure water is unknown in nature, for its solvent power is so great and general that it acquires foreign substances in every source from which it can be obtained. Of these foreign substances, some are harmless or even beneficial; others are fraught with the most terrible dangers to health and life; and others, again, though harmless in themselves, are significant as telling something of the history of the water and of the kind of contamination it has received. A consideration of the three sources just mentioned will throw some light on the nature of the contaminations which water is likely to derive from each.

Rain-water is water which has washed a portion of the atmosphere. Under the best circumstances, we find in it little besides the normal constituents of the atmosphere—oxygen, nitrogen, carbonic acid, and minute quantities of nitrate and nitrite of ammonia. But as the atmosphere itself is often foul, so are its washings. In manufacturing towns, rain is little better than a dilute solution of sulphuric acid, black with tarry matters and suspended soot. Putrescible organic matter is also present, often to a considerable extent; so that, even if the rain is collected on clean roofs and stored in clean and impervious reservoirs, it is frequently a bad household water. If we add that roofs are often very dirty and reservoirs very foul, it will be seen that rain-water is not always a desirable water-supply. The underground tanks in which rain-water is stored in many country houses are seldom quite tight, and are often in dangerous proximity to cesspools. And, even when the water is not contaminated by leakage, it soon becomes foul by the mud, droppings of birds, &c., washed down from the roof.

River-water consists mainly of rain-water which, besides having washed the atmosphere, has washed a portion of the earth's surface, and is in the act of finding its way back to the sea, which, in the great distillatory apparatus of nature, acts the part of the still. In it we may expect to find all the normal constituents of rain-water, and, in addition, a variety of impurities taken up during the passage of the water over or through the soil. The nature of these impurities will of course differ immensely in different cases. The surface-drainage of a rocky mountain district will be purer than that of highly cultivated soil, and the drainage of a manufacturing town will be different from that of an agricultural village. And the quality of the water might be expected to be, as it really is, worse after heavy rain than in dry weather: for in dry weather the surface-drainage, before reaching the river, has had time to percolate into, and to a certain extent to be filtered by, the soil; whereas during heavy rain it is carried direct, and sometimes with considerable velocity, into the river. Moreover, heavy rain washes out all the dirty corners in town or country. Every pigsty, every dunghill, every stable and farmyard, yields its contribution of filth; and the coffee-coloured streams which run along our gutters during a shower of rain prove that towns are not behind villages in this respect.

The water that is drawn from wells has had a somewhat different history. When rain falls on a porous soil, such as chalk, gravel, or sand, a large portion of it is always absorbed by the soil. This water sinks more or less rapidly, according to the closeness of the soil, until it reaches some obstacle which it cannot pass—a bed of clay, for example, or a rock. Here it accumulates, and in favourable localities immense subterranean reservoirs are formed in this way. From a crack or fault in chalk, for instance, enormous quantities of water are often obtained. Much of this subterranean water returns to the surface in springs, which contribute, often in a most important degree, to the volume of the nearest river; but much remains, and can only be made available by boring. It is obvious that the subterranean water-line will be at an uncertain and variable distance from the surface. The line is by no means a horizontal one, even in a single district, but follows the curve of the hills with considerable regularity. The summit of this subterranean hill of water is sometimes, even in the hills of the Thames basin, several hundred feet above the level of the permanent springs; and it rises and falls, with the alternations of wet and dry weather, to an extent which, in the case of the Thames basin, is estimated at from fifty to eighty feet. It will be understood that the water is only prevented from following its natural law and attaining a natural level by the constant addition which it receives from the rainfall.

A short sketch of the natural arrangements of the Thames basin—in many respects the most interesting watershed in England—will afford illustrations of several important peculiarities of rivers and springs. Most of the materials for it are supplied to us in the singularly lucid Report of the Royal Commission on Water-supply. The Thames valley above Kingston includes 3676 square miles. Of the rain which falls on this district about one-third flows down the Thames at Hampton. Of the above area, one-third is impervious clay; the remaining two-thirds porous limestone, chalk, and sand. The rain which falls on the clay flows directly and with little loss into the Thames and its tributaries. The yellow colour of suspended clay is often perceptible in

the water of these streams, and gives no little trouble to the water companies, as it is very difficult to remove by filtration. The rain which falls on the porous beds sinks down, for the most part, in the manner already described; and a great deal of it is ultimately carried, weeks or months afterwards, to the river by springs, which abound throughout the basin. It is to this temporary storage of a large portion of the rainfall that the regularity in the flow of the river is owing. If all the rainfall went direct to the river we should have tremendous floods, followed by long periods in which the river-bed was perfectly dry. Everyone knows that the streams of mountain districts, where there are no porous beds to serve as reservoirs for the water, are precisely of this character. In a dry summer season the flow of the Thames is almost entirely due to the contributions of springs. It is a remarkable illustration of the porosity of some parts of the basin that the river Churn, which discharges into the Thames at Cricklade, is actually subject, in one portion of its course, to an enormous diminution of volume. In a very dry season it was found by Mr. SIMPSON that no less than 3,000,000 gallons a day were permanently lost to the river by this soakage, and that in eight miles of its course!

From what has been said it will be obvious that the water of springs and wells is of necessity filtered water. But the important questions remain: Is this filtration a perfect one? Can it be trusted to remove from sewage- or drainage-contaminated water all that is seriously dangerous to health? These questions cannot be answered in two words; but a remark may be made on them which will be found of practical value, and which will receive further illustration in the course of our subsequent study. There is all the difference in the world between filtration through a bed of chalk 500 feet thick and filtration through 20 feet of loose gravel, saturated already with the foul soakage of middens, farm-yards, and factories. These are the extremes. Between them lies an infinite series of possible cases.

Finally, let it be carefully noted that a large proportion of all river-water has never been filtered at all. We shall have something more to say on another occasion as to the mode by which we may judge of the quality of the water we drink.

BY the time these lines are published, Mr. STANSFELD'S Public Health Bill will, in all probability, have passed the second reading. There are no grounds which, in the eyes of the House of Commons, would justify so severe a rebuff to a well-meaning Minister as would be implied in its rejection. No one disputes the fact that the Bill contains some useful provisions, and is, in some respects, a step forward; so it will, doubtless, pass its first ordeal successfully. But we sincerely trust that plenty of time will be given before the matter is pushed into Committee. It is most important that the profession should have ample opportunity to consider the position in which Mr. STANSFELD proposes to place them towards the sanitary work of the country; and we trust the medical members of the House will insist on this.

We must say that there has seldom been a more serious matter for the profession and the public than the way this Public Health Bill is to be treated in Committee. If the Poor-law medical officers throughout the country have any adequate sense of self-respect they will certainly follow the lead of their brethren of the Cardiff Union and in Worcestershire, and protest against what seems to be the unmistakable tendency of that part of the Bill which refers to the utilisation of their services as sanitary officers in various ways. It is no light matter that the Bill contains no provision whatever for their being adequately remunerated for additional duties that will undoubtedly be very onerous. But what is far more important is the point so clearly stated by the Cardiff medical officers, and by the President of the Poor-law Medical Officers' Association,—that a parish doctor, put in the post of health officer, would find himself in an intolerably false position, unless he were protected in the performance of his duty by an independent medical superior. Does even Mr. STANSFELD believe for one moment that the average parish medical officer (who is no better than the average man of his rank in any other profession or business) would have moral courage to tell his vestrymen and other patients that the filthy house property of which they were the landlords was unfit for human habitation, and must be pulled down or greatly remodelled? If Mr. STANSFELD does not know, the parish doctors themselves know right well, that the unfortunate individual who should presume on such a course, unsupported by higher authority, and left to the tender mercies of an ordinary Poor-law inspector, would be a ruined man. In short, if parish officers are to be employed as health officers at all, it will be imperatively necessary that a higher medical authority, who is totally independent of local influences, shall take the responsibility of issuing the authoritative report for sanitary reforms which involve expense to the ratepayers. We strongly urge that, whatever difficulties the subject may present, it will be absolutely necessary that superior health officers should be appointed to the supervision of particular districts. It would probably be more easy to find a sufficient number of men to perform the duties of this kind of office efficiently, than to supply the Local Government Board with a largely increased staff of inspectors who should at once be the equals of Mr. SIMON'S existing staff. But the county medical officers could easily maintain consultative relations with a comparatively small staff of medical inspectors employed by the Central Board, which would be amply sufficient to help them over the initial difficulties that would be caused by their freshness to the work. We trust that an amendment establishing county medical officers of health will by all means be included among those which, as we understand, the medical members of Parliament intend to insist on in committee; and meantime the profession all over the kingdom ought to be demonstrating its opinion in unmistakable terms.

THE Report of the Inspector-General of Recruiting for the past year is not by any means the uninteresting document that some people might imagine. Whether it is very reassuring is another matter. It reads very much like an apology for, and a defence of, Mr. CARDWELL'S military policy. Upwards of 23,000 men were passed into the army in 1871. The only branch of the service whose require-

ments could not be met was the Royal Artillery, recruits for which must have good height, and a frame that promises good future development. The English army differs from that of every other country in two very important respects: military service is not compulsory, for one thing; and, for another, a long tour of foreign service is. India is a great drain upon it; and the loss of life and inefficiency from sickness and invaliding, and the necessity for the periodical relief of regiments, form great difficulties in the way of the system of short service. The infantry soldier is enlisted for six years instead of twelve as heretofore; and in 1876 the men now enlisted will be coming forward for discharge from the regular army and for transfer to the reserve force. Taking the number now annually required to supply all casualties in the infantry at ten per cent. on the establishment, it is computed that the number then required will be about fifteen per cent. The question, therefore, arises whether we shall be able to maintain our regular army by the present system of recruiting. There can be no doubt that the condition of the British soldier has been immensely improved of late years. He is fairly paid and not overworked, and he possesses many decided advantages over those belonging to the class in civil life from which recruits are drawn. As to means for self-improvement and education, a soldier enjoys singular opportunities, and, in many cases, he has facilities for acquiring or perfecting his knowledge of a trade. The system of cajoling men into the service by fraud and misrepresentation no longer exists. We regret that the Government and the press of this country do not take greater pains to give the advantages of the service more publicity. The Inspector-General of Recruiting observes that, as a short service becomes more general, it may be questioned whether the stringency of medical examination may not be a little relaxed, as a man having slight blemishes, which now disqualify, will be fit for home service, and afterwards well qualified for service in the reserve forces. The average age of the 20,000 men raised at the augmentation in 1870 was above nineteen years; and the experience of the autumn manœuvres, we are told, proved that these recruits shared the work of the older soldiers without any perceptible difference or disadvantage. It appears that not more than 13·19 per 1000 of these men were invalided before completing their first year of service. The standard had, however, to be lowered to procure the necessary number of men; and, whatever members of the House of Commons may say to the contrary, it is ridiculous to suppose that stalwart and efficient soldiers can be made out of such weedy material. Spite of what Dr. BRYDEN may tell us as to the relative mortality of young and old soldiers in India, military surgeons and commanding officers are quite agreed that the sickness and inefficiency of a regiment in India is generally in direct ratio to the youth and immaturity of the men in it. The age of twenty has been named as representing the earliest time of life for a soldier's going abroad. The test of age is, however, fallacious and difficult of application; and General EDWARDS would substitute one of service for it, and rule that no recruit should go abroad until he had been one year in the service, by which time his qualifications, military and medical, would have been ascertained. We do not know the extent to which the new valise equipment has been supplied to our regiments; but it cannot be doubted that young men, with immature frames undergoing a rapid process of development, require much care in their physical training. Drills and gymnastic exercises, when not in excess, can do them no harm; on the contrary, they directly tend to develop their bodies and fortify their constitutions, provided perfect freedom for movement and growth is allowed. Growth under pressure cannot be good. Recruits might surely be drilled without packs; they should be properly fed, and, as far as practicable, exempted from night duties. Running drill is now required of soldiers; but it is probably the weight, and not the pace, that injures them. We fear, however, that the influence of personal causes must be recognised. The temptations to vice and intemperance, with the diseases which these induce, are, no doubt, to be ranked among the chief factors of the physical disabilities from which young soldiers suffer.

Medical Annotations.

"Ne quid nimis."

STATE OF VACCINATION IN JERSEY.

WE have received a copy of the *Jersey Times* containing a report of a debate on the epidemic of small-pox prevailing in that island. It appears that in the small town of Gorey, containing about 1500 inhabitants, there have already been about thirty-nine cases of small-pox with six deaths. We need not go far to seek the reasons for the spread of this disease; and we may add, that if the opinion of the Rector of St. Mary's, to the effect that vaccination is an evil, be only adopted and pushed to a logical conclusion, there is no reason why there should be any limit to its further spread. Of the six fatal cases, five were unvaccinated; and of the total number of persons attacked, we believe only five had been vaccinated. We have also grounds for stating that at least one-third of the children under fifteen years of age in the whole island have never been vaccinated. We must reiterate what we have previously said, that, from a narrow and selfish point of view, the larger the number of unvaccinated persons in a community the better for the doctors, for the greater to a certainty will be the number of cases of small-pox. To the credit of the medical profession, however, be it said, they cannot accept the responsibility of maintaining silence when they know that the only sure method of preventing the development of an epidemic of small-pox is that of wholesale vaccination. Accordingly, we find that twenty-eight members of the medical profession in Jersey have signed a document urging the necessity of having recourse to that operation. There is no measure for compulsory vaccination in the island, and the consequence has been that this safeguard to the public health has, as we have seen, been greatly neglected. It is useless to argue with such men as the Rector of St. Mary's "who wink and are blinded in the daylight of experience"; but impartial persons may give some heed to what we have to say.

The attempts made by the anti-vaccinationists to prove their case by statistics completely broke down before the Vaccination Committee. They made a great many positive statements, many of which were utterly incapable of proof, and some of which were downright untruths; thus it was

asserted that since vaccination was introduced the mortality of children under five years of age in large towns had risen to from 45 to 50 per cent., and this was declared to be "recorded by the Registrar-General"—a statement which was sufficiently monstrous on the face of it not to have needed the refutation it received from the very authority quoted. Then, again, it was put forward as "an absolute rule" that when small-pox is present the death-rate is low, and that when it is absent the death-rate is high; this was disproved before the Committee, and has been shown by us to have no warrant whatever. The argument that because the general death-rate from all causes has not decreased since vaccination was introduced, therefore vaccination is a failure, is almost too absurd to be worth noticing. The small-pox death-rate before the introduction of vaccination was ten times greater than it has been since the practice was sanctioned by law in this country. But the general death-rate is made up of a number of factors, of which small-pox is only one; and the general death-rate is mainly kept up by the tendency of the population to aggregation in large towns and cities. An increased number of persons have been yearly taken from the rural section, experiencing low or average death-rates, and added to the urban section of high death-rates.

THE BLOCK IN THE ARMY MEDICAL SERVICE.

WE perceive that Mr. Mitchell Henry put a question to the Secretary for War the other night in the House which army surgeons must have been frequently asking themselves of late years. Is there no chance of some plan being devised for remedying the block of promotion in the medical service of the army? Mr. Mitchell Henry, whose sympathies we are glad to see are still fully identified with the profession of which he is a member, asked Mr. Cardwell whether he would not, with the object of quickening retirement, consider the propriety of allowing surgeons to retire from the army after twenty years' service, instead of twenty-five, on condition of their joining the militia or reserve? If Mr. Cardwell intended to say nothing in reply, he is to be congratulated on his success, for what with his "possibilities" and his "by-and-byes" and his want of "preparedness to enter into any engagement upon the subject," nothing could well have been more unsatisfactory than his answer. We venture to think that young medical men, too, will by-and-bye find out that they had better not enter into any engagement with the present War Office. This appears to be the only way of dealing with Ministers who refuse to consider the just claims of a department. The number of men entering the medical profession is not increasing, and Mr. Cardwell may hereafter find the competition an unpleasant subject to tackle. A good deal has been done to overcome the block of promotion in the Royal Artillery, and if Mr. Cardwell were wise he would at least devise some measure for assisting the unhappy assistant-surgeons of 1857 and 1858 to whom he alluded.

DR. JOHN LOWE.

A COMPARATIVELY short time has elapsed since the names of three men in the medical profession were frequently before the public; and during some period of the Prince's illness, whilst His Royal Highness's symptoms foreboded danger of the gravest and most imminent character, we all know how the nation anticipated, from hour to hour, the appearance of those three names with which the bulletins had made us so familiar, and the anxiety with which it scanned the message they had to give us. Two of these three physicians have been rewarded; but the third has as yet received no public recognition of his devotion and services at the hands of his Sovereign. For ourselves, we have hitherto abstained from making any comments on the fact, in the full assurance that Dr. Lowe would receive that mark of Royal favour which he so entirely merits. We were unwilling to incur the risk of diminishing the value of it by any remarks that might, even in appearance, detract from what always so much enhances the gratification of the recipient of any distinction—viz., that it is bestowed as the spontaneous and graceful recognition of services rendered. We were quite at a loss to understand the cause of the delay, but were willing to hope and believe that Dr. Lowe's labours would be recognised on the occasion of Her Majesty's publicly returning thanks at St. Paul's for the recovery of her son and our future monarch. The Lord Mayor and Sheriffs of London, and Mr. Goss, the organist of St. Paul's, have all had their claims recognised. But no sign has yet been made with regard to Dr. Lowe, and we must therefore express our emphatic opinion that if he does not receive some reward at the hands of the Sovereign, the omission will cause surprise to the nation, and be a source of great regret, to say the least, to the great body of the medical profession. Numerous have been the communications that we have received, from time to time, on this subject; and if we have abstained from noticing them it has been entirely out of deference to a very natural objection which we had reason for knowing existed in the mind of the gentleman most concerned. We owe this explanation to our readers; but we feel we can no longer refrain from expressing what has long been uppermost in our minds.

THE MEDICO-CHIRURGICAL SOCIETY.

THE meeting of this Society on Tuesday last was fairly attended. An interesting paper was contributed by Mr. William MacCormac, on a case of resection of the shoulder and elbow joints of the same limb, for extensive gunshot injuries. The paper elicited opinions from many leading members as to the utility of splints in cases of resection, and many plans of treatment were quoted and insisted upon. An elaborate and very carefully compiled paper by Mr. Timothy Holmes followed, on the surgical treatment of suppurating ovarian cysts, and on pelvic adhesions in ovariotomy, the text of the paper being taken from an operation that occurred in Mr. Holmes's practice at St. George's Hospital. Want of time unfortunately prevented any extended discussion.

MILITIA SURGEONS.

ACCORDING to Mr. Cardwell's reply to a question by Mr. Wheelhouse, as reported in *The Times* of the 9th inst., militia surgeons will not be required, when the new system has been introduced, for attendance on the staff or for the inspection of recruits, but they will be required during the annual training. We suspect the War Office will find it difficult under the circumstances to get civil practitioners to undertake these posts. By dispensing with the services of militia surgeons for recruiting and staff attendance, they will be deprived of the only emoluments belonging to their office. It is very unlikely that for a month's pay a man will retain his commission with the contingency attached of being sent away from his home to a "training centre" or camp, or to take part in an autumn campaign. If Mr. Cardwell intends by his reorganisation scheme to introduce army medical along with combatant officers from the regulars into the reserve forces, he must set about it in a proper way. Men who have been in the militia service for years, and who have been led to consider that their appointments were permanent and that their rights

would be respected, are surely entitled to some consideration. No measure should be retrospective. The present incumbents ought to be allowed to hold their posts so long as they are fit for service, or they should be compensated for the loss they will sustain by being compelled to vacate them. Anything less than this would be a manifest injustice.

THE CLINICAL SOCIETY.

AT least one moiety of the ninety minutes devoted to science by this Society on the 8th inst. was occupied by the exhibition of living specimens. Mr. Heath brought a boy (the particulars of whose case he had read before the Society two years ago) with an enormous hypertrophy of the left side of the face, and of the upper maxillary bone. Dr. Buzzard exhibited a woman with atrophy of one side of the face, and Dr. Tilbury Fox a very remarkable specimen of what was termed by him lichen ruber. Mr. Lawson also exhibited an infant with marked hypertrophy of the tongue. Dr. Hermann Weber followed with a paper on the treatment of hyperpyrexia by cool baths and affusions, which, after an interval of profound silence, led to a lively discussion, and threatened the punctuality of the finish. It is observable that, at the meetings of this youthful Society, freedom and fluency of debate occur more generally on surgical than on medical subjects.

RETIREMENT OF SIR DAVID DEAS, K.C.B.

WE are gratified by the announcement that Sir David Deas, whose name 'and honourable services have long graced the head of the list of Inspectors-General, Royal Navy, has, with that *esprit de corps* that ever characterised his actions, signified to the Lords of the Admiralty his desire to be removed from the active to the retired list of the service, thereby leaving open the field of promotion to his juniors. It will afford us great satisfaction, as a public organ of the profession, to hear that their lordships have decided on promoting a deputy inspector into the vacancy caused by this voluntary retirement.

MEDICAL SERVICE IN JAMAICA.

IN an annotation on Jan. 14th, 1871, we called attention to the Government medical service of Jamaica, which appeared to offer good openings for young medical men. We have now before us a lengthy statement, and a still longer appendix of letters, from Dr. C. G. Leacock, late one of the Government medical officers in that island, giving his experience and the treatment he received from the Governor and officials. The post of medical officer in one of the outlying districts of Jamaica does not appear to be altogether a bed of roses; for the incumbent has to attend all the paupers, to conciliate all the magistrates (who appear to expect their servants to be attended as paupers), and to take charge of coolie immigrants. For these last, however, extra pay is given; but the difficulty of giving satisfaction to their employers is apparently great, since the coolies themselves do their best to frustrate the medical man's efforts in order to escape work, and he is placed at the disadvantage of having most inferior hospital accommodation in which to treat them. The only attendant at the coolie hospital provided by the Government authorities was an old woman who acted as *factotum*, the supply of medicines was inadequate, and the rations, especially in respect of fresh meat, were insufficient. Complaints on this score by Dr. Leacock produced no effect; and eventually a certain coolie named Bessusser was reduced to such a weak state by phagedænic ulceration of the legs that his only chance of life seemed to lie in amputation. There being no conveniences for the operation at the Coolie Hospital, the patient was dispatched to the Falmouth Infirmary, and there died after some days without being submitted to any operation. At the inquest both Dr. Scott (of Falmouth) and Dr. Leacock gave evidence that the patient's health had been undermined by want of proper food, and the jury returned a verdict in accordance with this evidence. Thereupon the Governor of Jamaica, without asking for explanation, and apparently acting upon the newspaper report of the inquest, summarily dismissed Dr. Leacock from his appointment; and though he subsequently condescended to hear that gentleman's explanation of the circumstances, the sentence of dismissal was only modified to removal to another and less lucrative appointment.

At this latter post Dr. Leacock does not appear to have been more fortunate than before; for on one matter or another an almost constant interchange of official documents between himself and the Governor's secretary seems to have taken place. A case in which he charges a local magistrate with neglect paved the way for a charge by the said magistrate, who is also deputy-coroner, of neglect against the doctor. This charge of neglect of a case of burn was inquired into by Dr. Steventon, the superintending medical officer, and considered proved; and Dr. Leacock's services were accordingly dispensed with.

We have thus endeavoured, in accordance with our correspondent's wish, to place the main facts of his case before the readers of THE LANCET. We express no opinion upon them further than that it behoves all young medical men seeking service in the colonies to "look before they leap."

POPULAR LECTURING.

Two of the London ophthalmic surgeons have been engaged, in the course of the last week, in endeavours to make science interesting to mixed audiences. At the Royal Institution, on Friday evening, Dr. Liebreich lectured upon some of the peculiarities of great painters. He seems to have taken up the suggestion thrown out, some months ago, by Mr. Brudenell Carter, to the effect that marked peculiarity of style in painting is usually a mere expression of abnormality of vision; and to have sought to illustrate this idea by the examples of Turner and Mulready. We cannot say that his argument, as concerns either of the selected artists, would be quite beyond criticism; but he had the advantage of an audience who were compelled to take much of what was said to them for granted. On Tuesday, at the Russell Institution in Great Coram-street, Mr. Spencer Watson lectured on the "Fallacies of the Senses"; and, by an ingeniously contrived model of an eye, showed how floating bodies in the vitreous, such as blood-clots, membranes, and the like, might cast shadows upon the retina which would be projected outwards, as if images of external realities, and would thus explain the occurrence of certain spectral illusions. The suggestion is, as far as we know, entirely new, and it is certainly fully borne out by many facts in the history of such illusions, which have often been perceived only in certain positions of the head and optic axes. We trust Mr. Watson will fully work out his view, and will illustrate it, as might easily be done, by a great variety of experiments.

A CASE OF NONSUIT.

A CASE recently tried at the Western Assizes illustrates the dangers of medical practice and the readiness of the public to take offence at the treatment prescribed. A Mr. Page brought an action for neglect and unskilful treatment against Dr. Maul, of Southampton, on behalf of a deceased son. Dr. Maul had attended the plaintiff's son for a month

in the autumn of 1870, and then recommended his removal to the infirmary. There he remained a month under Dr. Maul's care, and was then discharged at his own request, and was not seen again by Dr. Maul, though he was prescribed for as an out-patient. Three months later some medical friend of the family found an abscess of the hip, and the patient died with abscesses also in the lungs.

At the end of the plaintiff's case Baron Martin expressed an opinion that the contract made between the plaintiff and defendant that he should attend the deceased came to an end when the latter went into the infirmary, and after he left the infirmary it was doubtful if there was evidence of a contract with anyone; but, if such a contract existed, it was made with the son, and therefore this action could not be maintained by the father, the plaintiff, who was accordingly nonsuited. It is obvious that had Mr. Page chosen to engage Dr. Maul to attend his son after he left the infirmary he would have been responsible for the treatment, but even then could have scarcely been liable for a death so obviously resulting from natural causes. The rule of the South Hants Infirmary which forbids the attendance at their own homes of out-patients of the charity is, we think, a most salutary one, and in this case helped the medical officer materially out of his difficulty.

QUALIFICATIONS OF WOMEN AND THE MEDICAL COUNCIL.

DR. ACLAND will be canonised when we get a lady-Pope, which, of course, must follow in the wake of lady-doctors. He has carried the motion in the Council, as will be seen by our report, by the narrow majority of one. His success was trying enough to many of his colleagues without his adding that the reason why he did not include medical qualifications was that the Council had already power to register women if they procured qualifications. Dr. Acland's committee is to inquire and report upon the expediency of the Council concerning itself in regulating the education and examination of women, not for the purpose of strictly medical practice, but for purposes of midwifery, nursing, dispensing, and such like. There can be but one opinion as to the importance of these purposes, and as to Dr. Acland's humaneness in trying to further them. But it may well be questioned whether the Council should undertake such functions. And this for two reasons: first, the Council has got more to do than it seems able to accomplish in regulating the examination of practitioners; and secondly, it can scarcely be doubted that the Medical Act did not contemplate its undertaking such duties as are specified in Dr. Acland's motion, excepting, perhaps, in as far as it refers to midwifery, and this it is unwise to treat as something separate and distinct from medical practice.

MEDICAL CHARGES IN RAILWAY CASES.

JUSTICE MELLOR was very severe at the recent Durham Assizes on Dr. Bolton, of Newcastle, for saying that his charges for seeing the plaintiff in a railway case exceeded those which he would have made in the case of a private patient. The point is one not quite so easily disposed of as the Judge seemed to think. Nor is it clear to us that Dr. Bolton deserved the severe criticism which he received. The charges of medical practitioners are not absolute. In the last resort, and very frequently, we attend people for nothing. And most of us, within certain limits, adapt our charges to the nature and circumstances of the case. It is not reasonable to say that a medical man should not receive more for a railway case than for a common one. It is a case which gives an uncommon amount of trouble to a medical man, and takes up an unusual amount of his time. He has to regard it particularly in its forensic bearings. These are very special features in the case which should be recognised in the charges of the medical man. The railway company admits the specialty of the case both by the number of medical men it retains and by the way in which it pays them. Considering that Dr. Bolton's charges were admitted by the medical adviser of the company to be not unreasonable, and maintaining that railway cases are a class of cases that give special trouble to medical men, we think that his charges were very unfairly commented on by the Judge. Which of us would undertake the care of railway cases on ordinary charges?

THE MORAL UTILITY OF A LOCK HOSPITAL.

WE would counsel those who doubt the moral utility of these institutions to peruse a little pamphlet on the subject written by the matron of the Lock Hospital at Kildare. It is of course easy enough for the opponents of the Contagious Diseases Acts to enlarge upon their demoralising effects, and to set forth numerous objections to them of a purely theoretical character; but we may fairly ask them to match, from the efforts of philanthropists in the same direction, the amount of good that has been accomplished through the medium of these Acts. When the Lock Hospital at Kildare was opened in 1869, the moral condition and general appearance and behaviour of the patients admitted were enough, according to the matron, to sadden and disgust, if not utterly discourage, the most patient and hopeful. By degrees these women have been educated into something like order. They have in a great measure ceased to curse and use bad language; they are all learning the decencies of life in manner and appearance; they have learned to knit and sew, and they have grown to appreciate the treatment they receive. If the turbulent opponents of the Acts would only do something towards starting these hitherto friendless outcasts on an honest path in life after leaving the hospitals, they would be pursuing a wiser as well as a more Christian course than the one they have adopted.

INSANITY IN FRANCE.

HISTORY teaches us that when a nation passes through great political storms that period is always followed by an increased development of insanity, which generally takes a suicidal form. The throes through which France has lately passed have already materially increased the number of lunatics in the country. The inmates of the various asylums and maisons de santé have more than doubled in the course of the last eighteen months, and the Morgue in Paris is barely large enough to contain the bodies which are daily found in the Seine. Among the Communist prisoners who are now in durance at Brest, Cherbourg, Lorient, and elsewhere, the tendency to insanity is very marked, two per cent. having become deranged since their imprisonment. The appointment of a medical commission to inquire into and report upon this question would be both wise and humane.

HEALTH OF MALTA.

THE key of the Mediterranean has long been unhealthy, both garrison and fleet suffering from defective drainage. The local government appointed a medical commission to inquire into the evil, and the report as to the drainage and non-utilisation of the sewage was most unfavourable. No time should be lost by the Imperial Legislature in remedying this state of matters. The war department had offered £15,000 towards drainage works for carrying the sewage

out of the harbours, and so disinfecting them; a like sum was expected from the navy; while the remaining cost would devolve on the local government, which, however, is unable to meet it. Sir Victor Houlton has the support of other members of the Maltese Legislature in urging on the Imperial Government to subsidise the drainage scheme in the interest of the British garrison and the British fleet.

THE INVALIDS' DINNER TABLE.

WE have before us the report of what seems to us a very useful institution in its way—viz., that of a charity at Cardiff, the object of which is to provide sick and sickly men, women, and children of the poorer class with a good meal of meat, vegetables, and bread, to be consumed, as far as possible, by the recipients dining together at one table. The table is spread at noon on three days in the week all the year round. In addition to a ticket from a subscriber, those dining at the table are required to pay one-halfpenny, while twopence is exacted from those who take dinners home. In connexion with the Invalids' Dinner table, there is also a club in which those depositing money are entitled to dinners, to the extent of their deposit, in times of sickness of themselves or their families. During the year 1871, 110 invalids have been relieved, the number of dinners given being 700, as compared with 401 in the previous year. Of the need and value of such an institution in the case of the sick poor, whose recovery from illness is so often retarded in their convalescence for want of timely administration of nutritious animal food, there can be no reasonable doubt.

DRAINAGE OF THE CITY.

THE controversy going on between Messrs. Bazalgette and Haywood, the engineers to the Metropolitan Board of Works and to the City, is by no means assuring. Even Mr. Bazalgette admits that there are main sewers which still discharge directly into the Thames, and that these sewers receive the sewage from "little more than half a square mile of surface"; whilst Mr. Haywood repeats his statement that there are thirty-two miles of district sewers still discharging into the Thames, and that he believes he is within the mark in stating that the excreta of 200,000 persons are discharged therefrom. This is not a satisfactory result for the large expenditure of the Metropolitan Board of Works.

DEGREES IN ABSENTIA.

IN case "Dr." Sturman should carry out his threat of discontinuing his advertisements, we may publish for the information of our readers the following letter. His generosity in offering to procure *degrees or titles of any kind* continues, and should be known. The letter was sent to a gentleman, who forwards it to us. Though marked "private," it is lithographed, and clearly meant for and worthy of a larger circulation than any one man can give it.

"(*Private*)

"145, Packington-street, London, N., Feb. 26th, 1872.

"DEAR SIR,—I write to inform you that it is not my intention to advertise academical titles again, as several persons have copied my advertisement, and they are now misleading the public. Should you or your friends desire really *bonâ-fide university degrees or titles* of any kind, or should you desire *any literary assistance whatever*, I shall be pleased to assist you. I hand you my card, which you can file for future reference. Apologising for troubling you,

"I remain, as ever, yours very truly,

"E. A. STURMAN."

"(*Confidential.*) (COPY.)

"London, Jan. 29th, 1872.

13, Mabledon-place, Burton-crescent, and 10, St. Paul's-road, Canonbury.

"Dr. Sturman is the only person to be relied on in the matter of foreign university degrees."

THE SUGAR MILLS OF JAMAICA.

THE occurrence of accidents at the sugar mills of Jamaica has lately become so frequent that public attention in the island has been directed to the matter, and steps are now being taken to obtain further legislative enactments which shall enforce stricter regulations upon the mill-owners, and provide greater safeguards for those working at the mills. The injuries are chiefly of the arms and hands, and one fertile source of accidents appears to be the extreme narrowness of the board from which the mill is fed; another reason, and one patent to all, is the reprehensible custom of employing very young children at these mills. We even read of a child of eight years of age being maimed. A heavy penalty should be imposed upon mill-owners employing children under a certain age, and the feeding-board of the mills should be fixed and made sufficiently wide to keep the workmen at more than arm's length from the revolving machinery. At first sight it would appear a very easy matter to institute some such restrictions as we have suggested without much delay; but, small as the island is, it evidently has a Circumlocution Office.

ELEPHANTIASIS IN THE SOUTH PACIFIC.

DR. GEORGE A. TURNER, surgeon to the Samoan Medical Mission, recapitulates in his last medical report some experiences of elephantiasis, having seen forty-three cases during the year, and says that he is "more than ever convinced of the truth of the theory which traces this disease to a malarious origin." He has in one case witnessed periodic returns of the febrile paroxysm weekly, and in many cases at irregular intervals. His observations do not agree altogether with those of other writers who have seen the disease in the East Indies. The report records that quinine and arsenic are very useful in warding off paroxysms of the disease, and no case was met with in which a course of the former failed to reduce the number of attacks. As elephantiasis appears to be very common in Samoa, we may hope to receive in Dr. Turner's next report a more extended and particular account of the disease as it exists in the South Pacific.

INTERESTED PHILANTHROPY.

IT is said that the amount of pressure which is being applied in certain quarters for honours and decorations by some of the volunteer agents of the National Aid Society is becoming a public scandal. Surely persons who were said to give their services in aid of the sick and wounded from disinterested motives of philanthropy ought to be superior to struggling for rewards of this kind. Distinctions, when obtained by pressing requests (and success does no doubt attend the employment of such means when pertinaciously persevered in) can scarcely raise the recipients in the estimation of their friends, if they do in their own; and certainly the practice is not calculated to raise the charitable society under which they have acted in the estimation of the public at large.

A DUTY of a penny per ton is now levied at Smyrna and Constantinople on all British vessels that enter those ports, for the support of the British Seamen's Hospital. This plan might be adopted with advantage in the ports of the United Kingdom, and is, indeed, now in operation at Cardiff, the contribution not being, however, in this case compulsory. It is calculated that if a halfpenny rate were levied upon all tonnage that entered London, Liverpool, and other chief ports (and this charge were commuted to a fixed sum as regards those vessels that make short and oft-repeated voyages), a sure and sufficient income would accrue to hos-

pitals established solely for sailors, many of which are in a state of debt and dinginess that does not redound to our credit as a leading maritime nation.

THE committee of the West London Hospital intend to make a market of the Oxford and Cambridge boat-race, for the benefit of their institution. The proprietor of Corney-reach-field has placed it again at their disposal, and they have made arrangements for the erection of a stand which, with the surrounding enclosure, will accommodate 2200 people. This field is situated on one of the best points of the river for witnessing the final struggle of the race, and is accessible from town by ten distinct routes, comprising road, rail, and omnibus. We gladly invite the attention of the charitable and pleasure-seeking public to the West London Hospital stand, and hope that it will be fully and brilliantly occupied on the 23rd inst.

DR. LIVINGSTONE'S safety is not yet despaired of by his brother, Mr. Charles Livingstone, Her Majesty's Consul at Fernando Po. This gentleman is no stranger to Africa, having been long resident on the West Coast, and travelled much about that part of the Continent. He is stated to be confident that the Doctor will, in the course of a few months, reach the seaboard at or near Zanzibar, and to hold the fact of the opening up of a new river on the West Coast between Opobo and New Calabar to be a proof that Africa, even there, is only imperfectly known.

DR. DECAISNE, in his report of the public health of Paris, records a case of what he terms Asiatic cholera, as having occurred last week at La Charité. The patient was a soldier who was taken prisoner at Sedan and sent to Germany, where he suffered from obstinate diarrhœa, which continued up to his return to France. On his admission to the hospital he presented appearances of cholera, and died in a few hours. Surely this must be a case of sudden collapse from chronic diarrhœa.

THE memorial addressed to Mr. Bruce in favour of the Contagious Diseases Acts, and signed by the leading hospital physicians and surgeons in London, has been issued as a Parliamentary paper. It meets with an emphatic denial the statement that a personal examination is deemed by the women themselves as degrading or repulsive. The short memorial is a stern rebuke to the dishonest line of action adopted by Mr. Bruce in dealing with the Contagious Diseases Acts.

PROFESSORS in Belgian universities are by law precluded from practice. This law is, however, generally evaded; but it would appear, from a recent circular of the Secretary for the Home Department, that it is on the eve of being to a certain extent enforced. Of course regard should be had to the kind of chair held by the professor.

PROF. TRAUBE, who for many years had thrown lustre on the University of Berlin, was only extraordinary professor —that is, he was allowed to teach without being actually appointed to a chair of the Faculty. He has at last obtained a chair, and this tardy justice is the consequence of the dismissal of the Minister Von Mühler, who kept back Traube because the latter is of the Jewish persuasion.

THE Southwark and Vauxhall Waterworks Company are erecting four enormous reservoirs at Rye-hill, Peckham. The reservoirs will cover a space of fifteen acres, and will be roofed in. The floors and walls will be cemented. Together they will contain eighteen million gallons of water.

IT is not often that a medical man marries a Princess of royal blood. Dr. Esmarch, Professor of Surgery at the University of Kiel, has, however, recently married the Princess Henrietta of Schleswig-Holstein. The ceremony took place at the Castle of Primkenau. Professor Esmarch was, in the last war, very prominent as an army surgeon; his first wife was the daughter of the well-known Professor Stromeyer.

AT a meeting of the Cambridge Improvement Commissioners, held last week, the filthy state of the river Cam was brought under notice, when it was agreed that the mouth of the sewers should be periodically cleansed. A letter was read from the Vice-Chancellor, making, on behalf of the University, the very liberal offer to pay half of the expenses in endeavouring to secure a local Act for dealing with the sewage question.

HOSPITAL SUNDAY was celebrated at Burton-on-Trent, on the 25th ult., with great success. A sum amounting altogether to more than £200 was collected, and in nearly every case the donations exceeded those of last year.

THE general health of Paris is at present satisfactory, but the miasma from some of the outlying districts, where various fetid fields had been stirred up, is greatly feared.

SIR WILLIAM JENNER, Bart., K.C.B., will accompany Her Majesty to the Continent.

SEVERAL deaths from cholera are reported as having occurred among the Looshai troops.

Public Health.

THE DUTIES OF MEDICAL OFFICERS OF HEALTH.

No. III.

THE duties of a medical officer of health may be divided into those which relate to the ground, the surface, the people, and the administrative staff of which he is the chief. The first includes drainage and water-supply; the second, paving, scavenging, the distribution of houses, climate, smoke, unwholesome emanations, and other matters affecting the purity of the atmosphere; the third includes all that relates to the personal, domestic, and public life of the people; and the last, to the organisation and supervision of the inspectors, &c.

Before proceeding to deal with these subjects in detail, we would recommend every newly appointed medical officer of health to make a careful inquiry, and to prepare for his own guidance as complete a history as possible of the district under his charge. He will find many models in the early Transactions of (what was then) the Provincial Medical Association. He may refer also with great advantage to the Reports of the Royal Commission on the Health of Towns, and to many of the very complete Reports of the Inspectors of the Privy Council. This history should embrace an account of the geology of the district, the nature of the surface and subsoil, the height of the water level, and the direction of the surface and subsoil drainage. The wells should be examined, and the source and character of the water-supply correctly ascertained. The form and ventilation of the sewers will also require attention, for although this may be the special duty of the surveyor of the district, yet nothing should escape the medical officer which has any important bearing on the public health.

Under the second head it is desirable that the history should embrace an account of any peculiarities of climate or position, in relation to the sea, rivers, estuaries, valleys, or hills. If possible the amount of rain and the force and

direction of prevailing winds should be ascertained; and if no such observations have been made, the medical officer of health should ask for proper instruments, and see that they are forthwith commenced. The history and present condition of the streets, courts, and houses should be reviewed, with special reference to want of paving, defective external ventilation, unwholesome courts and privies, ill-placed slaughter-houses, and offensive trades; to damp walls and floors, ill-ventilated and ill-drained houses, close and unwholesome workrooms, and defective light.

Under the third head it will be desirable to include all that is peculiar in the personal history of the people. 1st, their hereditary character and physical peculiarities; 2nd, their habits as regards cleanliness, sobriety, and thrift; 3rd, the nature of their occupations, noting particularly the effect of certain trades, and of working during the night or underground. The medical officer will make it a cardinal point to examine and epitomise the vital statistics of his district. He should analyse the census returns with the object of comparing the average age of the population with that of the country generally, or with that of other localities somewhat similarly placed. He should then proceed to tabulate the results by streets and courts, in order that he may, in his own case, correct those errors which, although they scarcely affect the general accuracy of the public returns, become important when applied to smaller areas. He will review from the records of the past the birth-rate and the death-rate of the district, and in summing up his report he will probably be able to enlist public sympathy in favour of reforms which have not been made simply because attention has not been drawn to them. Who could suppose, for example, that the employment of gangs of children in agriculture and in making bricks would have continued if there had been an officer whose duty it was to report and expose the cruelties which were practised, and the loss of health and life which were occasioned by such unfitting occupations.

There is scarcely a locality in the country in which there are not houses obviously unfit for human habitation. The medical officer of health will have no difficulty in proving that such houses rank among the most expensive institutions of the country. They are the abode of a succession of paupers. They are dens of sickness and vice, from which no profitable labour comes, but into which the money of the ratepayers is continually flowing. If public attention be drawn to such places by a disinterested and faithful public officer, we believe that the force of public opinion will condemn them to destruction, and if they are not so condemned it will be still more difficult to destroy them by the mere force of law.

The whole object of the report we recommend is to secure for the medical officer of health that public respect which a sound knowledge of his work will inevitably command, and to enable him to carry with him that respect in all he undertakes.

LONDON WATER-SUPPLY.

The great alarm which has been excited by the somewhat sensational report of the newly appointed medical officer of Lambeth has led to the examination of the water supplied to the parish of Marylebone by the West Middlesex Company. Dr. Whitmore describes the process of filtration as being as nearly perfect as possible. He finds no living organisms, no ammonia, and no excessive amount of solid residue or organic impurity. He finds the water supplied by this company excellent in quality and perfectly wholesome, and he is of opinion that it may be used, even during the prevalence of epidemic cholera, with the most perfect safety. We are of opinion that the conflicting reports of local medical officers of health only prove the necessity for the appointment of an independent analyst. Adequate investigation might result in relieving the public from the fears which Dr. MacCormack has raised, and, on the other hand, moderate the somewhat rash confidence of Dr. Whitmore. For ourselves we should hesitate in affirming that the spread of cholera could be prevented by any amount of filtration.

THAMES WATER.

Mr. Frank Bolton, the newly appointed water examiner to the Board of Trade, has replied to the complaints made as to the defective water-supply of Newington, which he explains is due to the defective arrangements of the Southwark, Vauxhall, and Lambeth companies during alterations and extensions of their works. The defects were also aggravated by the prevailing floods. Mr. Bolton, of whose previous experience we have heard nothing, has undertaken to find fault with Dr. Frankland's opinions on the subject of the Thames water-supply, and advocates the use of the Thames water properly filtered.

Birmingham.—The returns of small-pox for the week ending March 2nd showed the number of new cases to have been 42, being the same as that of the previous week. There were 67 cases at the Workhouse Infirmary, and 9 at the Queen's Hospital. The total number of cases reported up to that date was 962.

Chesterfield.—A conference was held last week of the medical men of Chesterfield with the Sanitary Committee of the Town Council. Among the suggestions made were the following:—That a temporary iron hospital should be erected for the accommodation of small-pox patients, which might, after the epidemic had subsided, be used as a permanent fever hospital; that a competent engineer should inspect and report upon the sewers and drains of the town; that the sewage should be diverted from the river Rother; and that public baths should be established at the expense of the Town Council. Revaccination was also strongly insisted upon. We are glad to observe that Chesterfield is anxious to keep pace with sanitary progress.

Devonport is now free from small-pox.

In *Plymouth* 31 fresh cases of small-pox were reported for the week ending the 8th inst.

Swansea.—The mortality of Swansea for the quarter ending December last was at the annual rate of 21·74 per 1000. Dr. Davies attributes the low mortality from typhus (9 deaths in the quarter) to the early removal of all cases attacked to the Fever Hospital, and to the measures of disinfection carried out in the houses from which they had been removed. Dr. Davies complains of the filthy state of the streets and footpaths, and of the imperfect removal of ashes and refuse. Under the present system, house-refuse is left for a week, which may be extended to two or three weeks, and in summer the decomposition of the animal and vegetable matter must tend to act injuriously on the public health. Greater frequency and regularity appear to be indispensably necessary. Nine houses have been declared unfit for human habitation.

Medical Societies.

MEDICAL SOCIETY OF LONDON.

THE ninety-ninth anniversary of this Society was celebrated at Willis's Rooms on Friday, March 8th. Sixty-four fellows and visitors sat down to dinner; the chair being filled by the President, Dr. Andrew Clark, who was supported by the Presidents of the College of Surgeons, the Medico-Chirurgical, Obstetrical, and Pharmaceutical Societies.

The usual loyal and patriotic toasts having been drunk with all enthusiasm, the President gave the toast of the evening, "The Medical Society of London," coupling with it the name of the President elect, Mr. Thomas Bryant. In a short speech, Dr. Clark showed that financially the Society was never more prosperous than at present; the communications made during the session were all of a practical character, and had, in various degrees, added to our existing knowledge, illustrated new methods of surgical procedure, or tended to clear up doubtful questions relating to diagnosis and treatment. The President then adverted to the objects for which the Society was instituted, the manner in which they should be pursued, and the desirability of a close adhesion to clinical and therapeutic work. He reminded the Society of its approaching centenary, when it will become necessary to provide new and ample accommodation for the increasing growth of the Society, and he expressed a hope that the Fellows would make an effort, which, if hearty, he did not doubt would be successful, to build a house for themselves. Dr. Clark then proposed the

health of Mr. Bryant, the President elect, and, after referring to his character and work, expressed his confident belief that he would guide the Society's proceedings during the coming year with ability, dignity, and judgment.

The Fellows received the health of their new President with the greatest cordiality, and Mr. Bryant having replied, the "Royal College of Surgeons" was proposed by Mr. Adams, and responded to by the President, Mr. Busk, who made interesting allusions to his own attendance at the Medical Society in its old days, when domiciled at Bolt-court.

Mr. Curling, Dr. Braxton Hicks, and Mr. Haselden spoke for the "Medico-Chirurgical, Obstetrical, and Pharmaceutical Societies," proposed by Mr. Hancock.

The "Health of the President," from Dr. Symes Thompson, once more called forth expressions of the sincere goodwill of the Society, and after the "Lettsomian Lecturer," the "Orator," and the "Visitors of the Evening," had all been brought into well-merited notice through the intervention of Dr. Rogers and Dr. Routh, the "Vice-Presidents and Treasurer," were proposed by Mr. Henry Smith, and responded to by Dr. Symes Thompson and Mr. Gay.

Dr. Cholmeley, in a well-ordered speech, gave the "Health of the Medalists of the Society." As already announced, the Fothergillian gold medal was awarded to Dr. Edwards Crisp for his Essay on Croup; the silver medal given annually for the best paper read by one who was not a Fellow of the Society, was given to Dr. Silver, for his paper on Mitral Stenosis; and the other silver medal, usually given for services rendered to the Society, was bestowed on Dr. Thorowgood, the retiring secretary, in consideration of his two years' work on behalf of the Society. Dr. Crisp and Dr. Thorowgood, having acknowledged the pleasure they felt in the awards made to them, then had their medals given to them by the President.

The "Librarian (Dr. Day-Goss) and Council" were duly brought forward by Mr. Weeden Cooke; and the "Secretaries" by Mr. Gant. To this last toast Mr. Royes Bell made a suitable reply, and thus ended a most pleasant and successful gathering.

CLINICAL SOCIETY OF LONDON.

FRIDAY, FEB. 23RD, 1872.

DR. BURDON SANDERSON, VICE-PRESIDENT, IN THE CHAIR.

MR. BRUDENELL CARTER exhibited a patient, a boy, ten years old, in whom a tendency to atrophy of the optic nerves was associated with visible pulsation of the central artery of the retina. There was no increase of tension of the eyeballs, and no disease of the aortic valves, but a systolic murmur at the base of the heart; and Mr. Carter said he was inclined to attribute the atrophy to impaired nutrition from defective blood-supply.

Dr. ANSTIE said that no valvular disease existed, and exhibited tracings of the pulse as obtained by the sphygmograph, which showed a remarkable degree of tension of the radial artery, and presumably, therefore, of the whole arterial system.

Mr. THOMAS BRYANT read a paper on two cases of Recto-vesical Fistula successfully treated by Colotomy. The first was that of a gentleman, aged sixty-four, who had had diarrhœa, tenesmus, and the passage of blood and mucus three months before he had begun to pass fæces in his urine. Colotomy was performed on August 16th, 1869, with complete relief. The patient was up and out of the house in a month. At the present time he passes his urine naturally, and the motions through the loin, some little urine at times finding its way into the rectum and upwards through the loin. The ulcer in the bowel has long healed, the fistula alone remaining. The second case was that of a gentleman, aged forty-nine, who for three years had been passing urine and fæces by the urethra. He was much reduced in health, and most miserable from the local pain and irritation caused by his disease. On the 5th of July, 1870, colotomy was performed, complete relief resulting almost immediately. In three weeks he was up, and in another week out. Six months later he reported that he was getting quite fat, that he was free from all pain, and that his only trouble was the passage of water at times up the bowel through the artificial anus. At the present time, a year and a half after the operation, he remains well. In both these cases Mr. Bryant remarked that there was good reason to believe that the ulcerative action that had caused the fistula was of a simple nature, and had commenced in the rectum; that after the operation the ulcers soon healed, although the fistulous opening remained. He stated that the two cases in every way supported the remarks appended to a similar case which he had read at a sister society, and which were published in the *British and Foreign Quarterly Journal*, 1869, and still more prove the truth of Mr. Holmes's remarks on the same subject recorded in the Med.-Chir. Transactions, 1869-70. Mr. Bryant added that these cases, and all others he has had since 1868, have made him think more highly of the oblique incision in the operation than the transverse.

Mr. HEATH remarked upon the interest of Mr. Bryant's cases, and mentioned a case under his own care of communication between the bowel and the bladder in the female, in which he had performed colotomy with the greatest relief to the urgent bladder symptoms.

Dr. HABERSHON testified to the good results that had followed in one of Mr. Bryant's cases, and believed that, even when organic disease existed, much misery was saved and life prolonged by early operative procedure. He also described briefly a case in which the patient, on account of a connexion between the sigmoid flexure and the bladder, made use of his penis as "a wind instrument." This man died from peritonitis, the adhesions having given way.

Mr. HULKE thought that colotomy should not be restricted to cases of ulcerated bowel, but that the operation should be more generally performed for cancer of the rectum; and quoted cases in point.

Mr. CARTER spoke of a patient on whom he had performed colotomy, and who successfully deodorised his fæces by swallowing regularly large quantities of wood charcoal.

Mr. MAUNDER thought the operation far too little practised, and, having performed it nine times, was, on the score of results obtained, strongly in its favour, even in cases of cancerous disease. It was important, however, to avoid wounding the peritoneum.

Mr. BARWELL mentioned a case that suggested the necessity of careful diagnosis. He had declined to operate, not finding any indication of ulceration or of cancer, and the post-mortem showed the upper part of the bladder to be connected by strong adhesions with the middle of the transverse colon.

Mr. THOMAS SMITH asked Mr. Bryant if he thought it possible in all cases to avoid opening the peritoneum, and what kind of truss he recommended. He performed the operation on a child in a case of extroversion of the bladder, and, having failed to find the descending colon, brought out the small intestine, eventually abandoned the operation, and closed the wound. The child did well, but ultimately died from infantile remittent fever, and the post-mortem appearances disclosed no trace of any wound having been made in the peritoneum.

Mr. HULKE suggested that a vulcanite shield, modelled to the shape of the surface, appeared to him to be the best kind of truss.

Mr. BRYANT, in closing the discussion, expressed his satisfaction that it had taken so wide a range, and that the general opinion was so much in favour of colotomy. He had performed the operation sixteen times, was always very anxious to keep clear of the peritoneum, but thought that perhaps the reputed risks on this head were exaggerated. As regards the truss, the best that had come under his notice was one made at the suggestion of a patient, which consisted of an india-rubber ball with a segment cut off, fixed over the orifice of the wound. The ball held, for the time, any fluid that might escape, and the scheme appeared to answer admirably.

Mr. WARRINGTON HAWARD read a paper on three cases of Distension of the Antrum. The first was a boy, four years old, in whom, after pain in the upper jaw and discharge from the nostril, the antrum became distended, and an opening formed on the prominence of the cheek. The treatment consisted in puncturing the antrum through a tooth-socket, and syringing the cavity with astringents. The second patient, aged twenty-six, had what he thought to be a boil on the cheek, which during eight months had discharged matter. This proved to be an opening leading to the antrum, which was slightly distended.

He was treated by syringing through the opening. The third patient, aged fifty, had a solid tumour growing from the alveolus of each upper jaw, and one which had been soft, but had become bony on the alveolus of the lower jaw. There was marked distension of the right antrum by fluid. The tumours and adjacent alveolar process were removed from the upper jaw, and the floor of the antrum opened to evacuate the fluid and allow examination of its cavity. The antrum contained no solid growth. The tumours were oval-celled sarcomata. The patient died from recurrence of the growth and the development of secondary tumours in the abdomen and elsewhere. The first cases showed with how slight a distension of the antrum an opening might form on the cheek, and pointed to the necessity of obtaining an exit for the fluid into the mouth as early as possible. The last case showed that when distension of the antrum occurs in connexion with a solid tumour of the upper jaw, it is not a necessary sequence that this distension is due to solid growth—a point sometimes of much clinical importance.

Dr. ANSTIE asked if neuralgic pain formed a prominent part of the symptoms, inasmuch as, according to his own experience, true neuralgia was not usually produced by local causes, as pressure.

Mr. HAWARD said he had used the term neuralgia because pain occurred along the course of the trigeminal nerve. The pain only occasionally remitted.

The Society adjourned early for the purpose of examining Mr. Carter's patient.

Dr. George Johnson's paper is withdrawn for the present, as the patient has exhibited a fresh series of symptoms that require accurate observation.

Foreign Gleanings.

"WHAT CELLS IN THE PEPSIN GLANDS CONTAIN PEPSIN?"

A PAPER with this title appears in the sixty-fourth volume of the Reports of the Meetings of the Academy of Vienna by Ernst Friedinger. He points out that Kölliker first described the presence of two kinds of cells in the pepsin glands of the dog. Heidenhain and Rollet, who both investigated the subject very carefully, arrived at the same conclusion. They found that in mammals (the dog, cat, sheep, rabbit, and guinea-pig) there were two kinds of cells. One, formerly known as pepsin cells, but termed by Heidenhain "lining" and by Rollet "delomorphous" cells, were applied to the wall of the tubes, without, however, forming a complete and continuous layer between the membrana propria and the lumen. The second kind, previously overlooked except by Kölliker in the case of the dog, was termed "chief" cells by Heidenhain and "adelomorphous" by Rollet. These form the proper material filling the gland tubes. They bound the lumen, and where the "lining" cells fail are in contact with the membrana propria. The chief or adelomorphous cells have no well-defined contour; the lining or delomorphous cells have a distinct cell-wall. The neck of the glands usually contains structures similar in character to the delomorphous cells, though they are somewhat more spheroidal in form. In frogs, newts, and tortoises only cells corresponding to the lining cells are present. In a snake (Coronella lævis) the ends of the tubes contained only "lining" cells, whilst the neck presented large vesicular cells similar to those which Heidenhain terms "mucous" cells. In the dog Friedinger agrees with Heidenhain in finding, though not abundantly, "lining" cells in the beginning of the neck of the gland. Now, in regard to the question, which of these cells form the pepsin? Heidenhain thought the "lining" cells secreted the acid, the "chief" cells the pepsin. Ebstein supports Heidenhain. Friedinger, however, details experiments which tend to prove that those glands (near the pylorus) which contain principally Heidenhain's "chief" cells are really the most active, and that, consequently, as was always thought to be the case before the appearance of Heidenhain's paper, it is these chief or adelomorphous cells that contain the pepsin.

STATISTICS OF STONE IN THE BLADDER.

Dr. Eve has published at Philadelphia a synopsis and analysis of 100 cases of lithotomy and lithotrity operated upon during a practice of thirty years. From some comments in the *Gaz. Hebd.*, we find that, as to children, seventeen of them were under five years, and twenty-eight between five and fourteen years. Of these forty-five cases of lithotomy only three proved fatal. Of the fifty-five cases above fourteen years, eight died—namely, 11 per cent. Eighty-seven were operated on by the bilateral method, and eight of these patients died. As to the race of those who were operated upon it is interesting to notice that six only were negroes, six mulattoes, and eighty-eight were white people. The great number of successful bilateral operations is very striking.

THE HISTORY OF CHOLERA.

The *Gazette Hebd.* has just brought to a close a series of no less than seven long articles on this subject, written by M. Tholozan, physician to the Shah of Persia. This essay will be read and consulted with much benefit by all those who take an interest in this disease. The author says at the end of his last article:—"In forty-one years, viz., from 1830 to 1871, five great epidemics of cholera have swept over Europe; two came from Asia, and two from western countries. A great many local outbreaks, both secondary and tertiary, and some regional epidemics were also observed. The only authenticated respites were from 1837 to 1847, a period of about ten years; and from 1861 to 1865, a period of four years. Thus we have only fourteen years non-epidemical out of forty-one years; the total of the epidemical years being thus as many as twenty-seven.

LIEBREICH'S CHLORIDE OF ÆTHYL.

This substance was used instead of chloroform in Langenbeck's wards in 1870, and with the best results. It gave rise to no vomiting; sleep was induced easily, but was less profound than with chloroform. Of course it was expected that the latter would soon be superseded, and that the chloride would prove quite innocuous; but a death under its influence, which lately occurred, proved that absolute safety in the use of anæsthetics has not as yet been obtained.

Analytical Records.

JOH. HOFF'S MALT EXTRACT.

THIS article has now been before the profession for some years, and has secured a large consumption. It differs from most of the other articles in the market in its much more liquid condition, and in being in a state of effervescence, so that in outward appearance it closely resembles bottled stout; but of course differs from it in its mode of preparation and composition. It will, therefore, be preferred by some, especially those who are able to take malt beverages in the ordinary forms and condition. We do not recognise in this article the pleasant odour of the malt. It is especially recommended in complaints of the chest, stomach, hæmorrhoids, loss of appetite, obstinate coughs, hoarseness, &c. The agent's address is 57, King William-street, City.

THE SYRUP AND WINE OF LACTO-PHOSPHATE OF LIME OF M. DUSART, OF PARIS.

These preparations appear to possess both novelty and merit. Phosphate of lime is very commonly prescribed in an undissolved state, and, taken in this form, it passes for the most part through the alimentary canal without being absorbed, and does not enter the blood at all. Lactic acid is the natural solvent for this salt, and it therefore forms the best vehicle for its administration. "These preparations," states M. Dusart, "contain phosphate of lime entirely dissolved and soluble in all proportions in the liquids of the stomach, which do not decompose it; it is consequently absorbed by the veins of that organ like ordinary liquids, and thus enters the circulation." The English agent for the sale of these preparations is Mr. WILCOX, 336, Oxford-street.

QUINA LAROCHE.

The peculiarity, and indeed the merit, of this preparation consists in the fact that the elixir is prepared from the three cinchonas—the red, yellow, and grey. It is an agreeable and doubtless highly efficacious remedy.

QUINA LAROCHE FERRUGINEUX.

This preparation is similar to that previously noticed, with the addition of iron. It is stated of it that the iron and cinchona are so completely and intimately combined the one with the other that they constitute for the therapeutist the most desirable of preparations.

QUINA LAROCHE IODÉ.

This is described as depurative, tonic, and restorative. It is simply a combination of iodine with the above-noticed elixir of the three barks. This and the two foregoing preparations are from the laboratory of M. Laroche, of 22, Rue Drouot, Paris. They can be obtained in London of M. Jozeau, 49, Haymarket.

THE BOTTLED ALES AND STOUT OF MESSRS. WHITBREAD AND COMPANY.

We have received samples of several varieties of malt beverage—as pale ale, family ale, and strong ale, London cooper, and extra stout—from Messrs. Whitbread and Co.'s Stores, 277, Gray's-inn-road. These beverages, being bottled on their own premises, possess a guarantee of genuineness that has long been desired, and is worthy of recognition. We have so far tested the samples as to be in a position to pronounce an opinion upon them. We believe them to be perfectly genuine, well brewed, and of excellent quality; they are free from acidity, well up, and in first-rate condition.

PROFESSOR WILSON'S LECTURES ON DERMATOLOGY.

Delivered at the Royal College of Surgeons, February, 1872.

LECTURE IV.

IN his fourth lecture Mr. Wilson commenced the consideration of the specific inflammation of the skin. He briefly described those exanthematous eruptions which are represented in the College collection: rubeola, scarlatina, and variola, and then passed on to consider some of the forms of syphilitic eruptions. Dermato-syphilis, he said, feels its way gradually in the integument. At first it is an erythema, then, by a process of growth, a papule is produced, of various breadth, and subsequently pustules or ulcers may occur. Thus three natural classes are formed, to which a fourth, the degenerative form, may be added. Erythematous syphilis may be general or local; as the accompaniment of the fever it is usually general—a corymbose exanthem like measles or in round spots and maculæ. It may be easily mistaken for rubeola or roseola, and hence it is inexpedient to call it syphilitic roseola, as is often done; dermato-syphilis erythematosa is a better term. Syphilis is essentially a disease of weakened nutrition; the blood-corpuscles seem to undergo decomposition, and the colouring principle to become diffused. Hence the altered pigmentation, the muddy tint of skin, and the copper or rather reddish-yellow-brown colour of the fading rash. Erythema is also the form of syphilis most common in the palm of the hand, characterised by redness, desquamation, and fissures. It resembles eczema, but usually one hand only is affected; there is no exudation, there is a tendency to recovery in the centre and growth from the border, and there is an absence of pruritus, an important diagnostic feature in syphilitic eruptions which seldom proves delusive. The rash that accompanies a recurrence, after some weeks, of the syphilitic fever, is usually attended with prominence of the congested follicles, producing the eruption of papular syphilis. The first impetus of the fever results only in dilatation of the capillaries, the second is accompanied also by transudation and increased bulk of the intervascular structures. The mechanism of the production of the papule and its growth is simply a continuation of the same process. Some papulæ go on enlarging till they form elevations more than an inch in diameter, and are called tubercles. Their pathological constitution is the same; the latter, however, indicating a more chronic stage of the disease. Desquamation occurs in both papular and erythematous syphilis. In both forms the mode of development and growth is the same—extension by the circumference, subsidence in the centre, until rings are formed. This is most characteristic in the erythema. In the papular form we sometimes find clusters, or blotches, without regular form, but they sometimes assume the shape of rings, or are distinctly annular in distribution. Further, the pustules and ulcers pursue the same mode of development and growth, often occurring in patches, which ulcerate first in the centre and subsequently extend by the circumference, forming annular or serpiginous ulcers of considerable extent.

THE ORTHOPÆDIC HOSPITAL.

THE governors of the Orthopædic Hospital, Oxford-street, at their annual meeting on Wednesday last, brought the unhappy differences which have been going on for some time within its walls to a crisis which we venture to think will do no little mischief to the charity. The meeting was the occasion of a most unfair attack upon two of the medical officers of the institution, which resulted in the resignation of those gentlemen. It will be remembered that grave sanitary defects entailing a heavy mortality existed in the hospital in the years 1870 and 1871, and that these were brought prominently before the public at a coroner's inquest called by the resident house-surgeon, Dr. Bourne, in defence of his professional character after he had been accused of neglecting a child by the then acting chairman. Mr. Tamplin and Mr. Adams gave evidence in favour of Dr. Bourne and his statements, and the verdict of the jury reflected upon the management of the hospital. The annual report presented to the governors credited Messrs. Tamplin and Adams with encouraging Dr. Bourne, the late house-surgeon, to act in defiance of the committee, and with avoiding the responsibility of reporting upon the sanitary state of the institution, so that Dr. Murchison's advice was sought in consequence; and the report concluded by affirming that the committee does not receive from the two surgeons "that cordial support it is entitled to expect." Mr. Tamplin expressed his astonishment, and asked for proof in support of these charges, and Mr. Adams disproved, in admirable temper, and, to our minds, in the most conclusive manner, the accuracy of the assertions. Lord Abinger, who was in the chair, characterised the report as unfair, and suggested a peaceful solution of the difficulties before the governors, which was quite possible, by the omission of the offensive paragraphs. Some of the governors, however, pressed the meeting to accept the report as it stood.

The report was then adopted by the meeting, and Mr. Tamplin and Mr. Adams took the only course open to them—viz., resignation at once. This was followed by the refusal on the part of three of those proposed as members of the committee to be put in nomination for election. The late chairman of the committee unhappily took the opportunity of accusing certain recently elected committeemen of being "mere tools of the surgeons," "bullying other members," and the like. This statement was met by Dr. Cooper with an emphatic denial. This gentleman pointed out that the committee had made the management of the hospital "a personal question, and not one for the good of the hospital." He had been removed from the committee because he had attempted to expose abuses—notably "the fact of the secretary receiving £300 a year (one-third of the total subscriptions) as well as a house." He further pointed out, and was not contradicted, that the report reflecting on the two surgeons was only approved by three committeemen. In fact, though much was said about personal differences between the surgeons, it was evident that greater differences existed between the committee themselves. No wonder the committee and surgeons cannot agree. The treatment of Messrs. Tamplin and Adams we regard as altogether unfair, and these gentlemen are entitled to the sympathy not only of the profession but of the public.

The Governors subsequently decided that there should be three surgeons and three assistant-surgeons, and that the vacancies should be advertised; and they are no doubt confident that suitable candidates may be found. The profession is often taunted with not being true to itself and its members one to another. Here is an opportunity for showing how we can resent unjust treatment.

POOR-LAW MEDICAL OFFICERS' ASSOCIATION.

ON Tuesday evening a special meeting of the Poor-law Medical Officers' Association was held at the Medical Club for the purpose of considering Mr. Stansfeld's Sanitary Bill. Dr. Rogers occupied the chair, and the meeting was attended by Mr. Corrance, M.P., Mr. Brady, M.P., Dr. Lush, M.P., Mr. A. Reed, M.P., and Mr. A. Pell, M.P. There was also a good attendance of members, some of them from the provinces.

Dr. ROGERS described the general object of the Bill, and whilst admitting that it was a good instalment of sanitary legislation, complained that it did not secure competent medical officers of health nor sufficient medical inspection. There was no provision for an intermediate authority. He drew attention particularly to the absence of any provision for remunerating the Poor-law medical officers for the new duties imposed upon them by the Bill. The medical officers would be required to furnish returns of sickness, sanitary reports, and to attend non-paupers during epidemic periods; but whilst clerks and other officers were specially named as being entitled to remuneration, the medical officer was left out. One of the most important points omitted was the payment of medical officers from the Consolidated Fund. Dr. Rogers said it was evident that the Poor-law Board maintained its ascendancy, and that it had absorbed the health department of the Privy Council.

Mr. CORRANCE, M.P., said that although the Bill contained many great improvements, he did not like the sanitary authorities established by it. He had no confidence in boards of guardians, who were quite unfit for the duties, and unable to hold their own against the Central Board. He referred to the Public Health Act of 1848 as being more satisfactory, and drew attention to the clauses enabling the central authority to appoint proper inspectors, and to pay them from the Consolidated Fund. These clauses should have been added to the Bill. Mr. Corrance suggested that all persons obtaining medicine from the Poor-law officers should be required to pay for it to the extent of their ability.

Dr. STALLARD pointed out that the clauses enabling the central authority to appoint inspectors and pay them from the Consolidated Fund had never been repealed, and were now vested in the Local Government Board. There was, therefore, no necessity for introducing them into Mr. Stansfeld's Bill.

Mr. REED, M.P., objected to any intermediate authority, and said that guardians were the best and only authority in rural districts.

Mr. BRADY, M.P., had no hope of guardians. A worse authority could not exist. He nevertheless thought the Government Bill a great advance.

Dr. LUSH, M.P., said that he had a strong objection to any distinction between rural and urban districts. He thought the whole force of legislation should be directed to the rural districts. He thought the Bill authorised the guardians to impose new duties on their medical officers without extra payment, and he undertook to bring the matter under Mr. Stansfeld's notice and to move a resolution.

Mr. PELL, M.P., would remind the meeting that many rural places would in reality be under urban sanitary law. He objected to an intermediate authority for the simple reason that there was no material out of which to make it.

It was then moved by Mr. CORRANCE, M.P., seconded by Mr. B. BAKER, and carried unanimously: "That the Local Government Bill contains a partial recognition of the principles of local sanitary legislation, which have been accepted by the Association; and, although it fails, as at present constituted, to meet many just and urgent requirements, these are of a nature which may be remedied by amendments in committee. Under these circumstances the support of the Association may be safely given to the second reading, and their future efforts be mainly directed to the general extension of the provisions to all suitable localities, and the independence and adequate remuneration of the sanitary and medical officers appointed."

It was suggested that a question relative to the appointment of medical inspectors should be put to Mr. Stansfeld, and Mr. Brady undertook to do so on the terms being sent to him.

A committee was then appointed to attend the House and watch the progress of the Bill, and the meeting separated.

POOR-LAW MEDICAL RELIEF.

AT a meeting of the Union Medical Officers of Worcestershire, held at the Medical Library, Worcester, on Saturday, March 9th, 1872, pursuant to notice, the following resolutions were unanimously adopted:—

1. That the whole system of Poor-law medical relief in England is highly unsatisfactory, and urgently requires reform.

2. That this meeting considers the extension of the dispensary system to county towns as most desirable; but at the same time deems it especially necessary that areas of districts shall be diminished where in excess, and that the whole of the medical officers' salaries shall be paid out of the Consolidated Fund; also that those salaries be revised so as to meet the requirements of the present time.

3. That in revising the salaries of the union medical officers, the present large and increased cost of provisions, &c., be taken into consideration.

4. That if union medical officers are appointed medical officers of health, the salaries shall be adequate to the responsibilities of the office; and also some independent officer appointed to superintend large areas.

5. That copies of the resolutions passed be forwarded to the local papers, members of Parliament, and medical journals.

THE NEW PUBLIC HEALTH BILL.

To the Editor of THE LANCET.

SIR,—In fairness to Mr. Stansfeld, I hope you will permit me to offer the following explanation of the absence from his Sanitary Bill of any specific clause for the constitution of a system of medical inspection. The fact is there is no need of any such legislation, the Government having already full powers enabling them to appoint as many inspectors as they may require, whether medical or lay. The responsibility of forming a competent medical staff, whether for poor-law or sanitary purposes, rests exclusively in the hands of Mr. Stansfeld, and he has no restriction whatever on the number, qualifications, or salaries of his inspectors, unless, indeed, Parliament should refuse the vote for the salaries. Moreover, the entire responsibility of dividing the country into regular medical districts already exists in the Local Government Board, the districts of the Poor-law inspectors being the illustration. And it is equally competent for Mr. Stansfeld to divide the country into sanitary districts, and to apportion a medical inspector to each, if that arrangement should be found most desirable.

It is simply absurd to suppose that the present lay inspectors of the Poor Law are competent to the supervision of the registration of disease, or to appreciate the value and importance of the indications that the returns of sickness will afford. They have, moreover, more than enough to do already in the supervision of the Poor Law administration; and it would be paying the distinguished officers of the Privy Council a very poor compliment to suppose that they would be debarred from the opportunity of continuing and of extending their most useful labours. Mr. Stansfeld cannot ignore Mr. Simon when his Bill comes into operation, nor have we any evidence that he intends to do so. On the contrary, the importance given to medical questions in the Bill and the large powers devolving on inspectors render it perfectly certain that the inspectors will require both professional knowledge and sanitary experience of the

highest order to secure the public confidence and protect the Local Government Board from injudicious interference with local affairs.

Mr. Simon and his staff may rely safely on their previous services as the best security for their future influence. It is perhaps necessary to observe that there must be a perfect consolidation of the medical staffs of the Poor-law Board and the Privy Council. The registration of disease, the supervision of hospitals (whether workhouse or public), the inspection of medical relief, and the sanitary inspection of matters relating to the prevention of disease and the spread of epidemics, must be in the hands of the same inspector; and it is to be hoped that the two staffs will cordially support this view, for a want of harmony might lead Mr. Stansfeld to tolerate the existing want of organisation as long as possible.

Yours very obediently,

King's-road, March, 1872. J. H. STALLARD, M.B. LOND.

*** Dr. Stallard's generous confidence in Mr. Stansfeld's intentions is creditable to himself, and we sincerely trust it may be justified by events. For ourselves, however, we cannot afford any such feeling of security. The internal evidence of the Bill goes strongly to confirm our naturally forgone suspicions that the root-idea of the measure (whether due to Mr. Stansfeld or to one of his permanent subordinates) is an enormous expansion of the old system of Poor-law inspection, which has been thoroughly condemned. We cannot believe, unless we are informed to that effect, that the Bill in any way represents the feelings of the Medical Department of the Privy Council.—ED. L.

HOUSE OF COMMONS.

MARCH 11TH.

MR. AYRTON, in reply to Mr. Stapleton, stated that his attention had been drawn to the alleged filthy condition of the water in Victoria-park; from his own observation, however, he was satisfied that the water was not a source of danger to the neighbourhood. He would take care to have all the mud cleared out.

Mr. W. E. FORSTER, in reply to a question, stated that Dr. Williams, Secretary to the Veterinary Department of the Privy Council, will represent this country at the forthcoming International Conference in Vienna, when the question of preventing the spread of cattle-plague will be discussed.

MARCH 13TH.

Mr. M'LAGAN moved the second reading of his Fires Bill. It provides that every fire about the origin of which there is any suspicion, shall be reported by the police to the coroner, and that the coroner shall hold an inquiry on receiving such a report, or when he is directed by the Secretary of State, or when application is made to him by persons who have suffered by the fire. The Home Secretary is empowered to appoint an assessor to sit with the coroner, and the expense of the inquiry is to be paid from the rates.

The Bill was read a second time.

Medical News.

APOTHECARIES' HALL. — The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on March 7th:—

Duncan, Andrew, Henrietta-street, Covent-garden.
Nix, Edward James, West Ham, Stratford.
Shemilt, George Richard, Tean, Staffordshire.

As Assistant in Compounding and Dispensing Medicines:—

Griffin, Alfred William, Havant.

On the same day the following gentlemen passed their First Professional Examination:—

Henry Beale Collins, King's College; Joseph Foreman and James W. H. Hawton, Guy's Hospital; Henry Cecil Moore and Richard Smith, Birmingham.

THE annual meeting of the Birmingham and Midland Hospital for Women was held on Tuesday, when the report was in every way satisfactory.

UNIVERSITY OF CAMBRIDGE.—Professor Humphry has given notice that the courses of Anatomy and Physiology required by the University, and by the Royal College of Surgeons of England, may now be completed in Cambridge. For this, attendance during two winter sessions, each extending from the beginning of October to the end of March with a short interval at Christmas, and one summer session, is necessary. The lectures on Anatomy and the dissections will therefore in future commence quite early in October, and be continued to the end of March; and there will be a class of Practical Histology in July and August.

ROYAL POLYTECHNIC INSTITUTION.—So much has been done of late to render instruction palatable to the rising generation by combining it with amusement, that agencies working in this direction are becoming recognised forms of public education. Deservedly prominent among these agencies of diffusing knowledge is the Royal Polytechnic Institution, to whose excellent bill of fare for the present season we beg to draw our readers' attention. The *pièce de resistance* of the evening appears to be Professor Gardner's lectures on "Secret Poisoning in 1872," and which embrace a wide area of popular chemistry. We may observe that the musical accessories are exceptionally good, and can point with pleasure to the really clever musical sketch which brings the entertainment to a close, as being entirely free from the insane trash and vulgarity which generally go to make up the representations of "leading comics."

Medical Appointments.

ADDENBROOKE, E. H., M.R.C.S.E., has been appointed a Surgeon to the Kidderminster Infirmary.

ANDERSON, W., M.R.C.S.E., has been elected a Surgeon to the Newcastle-upon-Tyne Dispensary.

BENHAM, W. T., M.B., C.M., M.R.C.S.E., has been appointed Assistant Resident Medical Superintendent of the Bristol Lunatic Asylum, Stapleton, vice S. H. Carter, M.D., L.R.C.S.Ed., resigned.

BERENES, G. E., M.B., C.M., has been elected Medical Officer and Public Vaccinator for part of District No. 6 of the Chorlton Union, Lancashire, vice J. H. Brown, M.R.C.S.E., deceased.

CARR, C., M.R.C.S.E., has been elected a Surgeon to the Newcastle-upon-Tyne Dispensary.

CARTER, A. E., L.R.C.P.Ed., L.R.C.S.I., has been reappointed Medical Officer and Public Vaccinator for District No. 1 of the Toxteth-park Township, Lancashire, upon revised terms, and without restriction from private practice.

CARTER, S. H., M.B., L.R.C.S.Ed., has been appointed House-Surgeon to the Weston-super-Mare Hospital and Dispensary, vice W. Hanna de la Maine Bradshaw, M.B., C.M., resigned.

CHALMERS, T. D., M.B., has been appointed Hon. Assistant Medical Officer to the Liverpool Infirmary for Children, vice A. Davidson, M.B., C.M., appointed Physician to the Northern Hospital.

EVANS, A. P., M.R.C.S.E., has been appointed Medical Officer to the Walsall and West Bromwich District School.

HAMMOND, R. F., L.R.C.P.L., M.R.C.S.E., has been elected Medical Officer and Public Vaccinator for part of District No. 6 of the Chorlton Union, Lancashire, vice J. H. Brown, M.R.C.S.E., deceased.

HUNT, Mr. R., has been appointed Assistant Resident Medical Officer to the General Infirmary, Leeds, vice Snell, resigned.

JOHNSTONE, J. L., M.R.C.S.E., has been appointed an Hon. Medical Officer to the South Dispensary, Liverpool, vice James M. Bennett, M.D., M.R.C.S.E., resigned.

KING, G., M.B., M.R.C.S.E., has been appointed a Surgeon to the Royal South Hants Infirmary, Southampton, vice J. R. Shorto, M.R.C.S.E., resigned.

MALONY, P. J., M.B., C.M., has been elected Medical Officer and Public Vaccinator for District No. 4 of the Chesterton Union, Cambridgeshire, vice D. Campbell, M.D., L.R.C.S.Ed., appointed to the Penistone District and the Workhouse of the Penistone Union.

MITCHELL, S., M.D., has been appointed Medical Superintendent of the South Yorkshire Asylum, Sheffield.

RAYNER, W., M.R.C.S.E., has been appointed Medical Officer to the Workhouse, Uxbridge Union, vice W. Rayner, sen., M.R.C.S.E., deceased.

SAUNDERSON, R., M.D., L.R.C.S.I., has been elected Medical Officer, Public Vaccinator, and Registrar of Births &c., for the Clonelly Dispensary District of the Irvinestown Union, Co. Fermanagh, and for the Pettigo Dispensary District of the Donegal Union, Co. Donegal, vice J. M. Robinson, L.K.Q.C.P.I., L.R.C.S.I., resigned.

SIMS, W., M.B., M.R.C.S.E., has been appointed Assistant-Surgeon to the Royal South Hants Infirmary, Southampton, vice King.

STERLING, J., L.K.Q.C.P.I., L.R.C.S.I., has been elected Medical Officer to the Workhouse, Castlecomer Union, vice Nolan, deceased.

SUTHERLAND, J., M.B., C.M., has been appointed Senior House-Surgeon to the Ardwick and Ancoats Dispensary, vice Orchard, resigned.

WILLIAMS, D. W., M.D., M.R.C.P.L., M.R.C.S.E., has been appointed Physician to the Dorset County Hospital, Dorchester, vice Chas. Cowdell, M.D., deceased.

WILLIAMS, P. H., M.D., M.R.C.P.L., has been appointed a Consulting Physician to the Worcester Infirmary, on resigning as Physician.

WILLIS, J., L.R.C.P.Ed., M.R.C.S.E., has been appointed Medical Officer for District No. 3 of the Andover Union, vice F. Eldridge, M.R.C.S.E., resigned.

Births, Marriages, and Deaths.

BIRTHS.

CANNON.—On the 8th inst., at Stoke-terrace, Devonport, the wife of Richard Cannon, L.K.Q.C.P.I., H.M.'s Ship "Royal Adelaide," of a daughter.

DEACON.—On the 11th inst., at Ottery St. Mary, the wife of H. P. Deacon, M.R.C.S.E., of a son.

HATHERLEY.—On the 7th inst., at Wellington-street, Park-side, Nottingham, the wife of H. R. Hatherly, L.R.C.P.Ed., of a daughter.

M'NAB.—On the 3rd inst., at St. Oswald's-terrace, Fulford, near York, the wife of R. M'Nab, M.D., Staff Surgeon-Major, of a son, still-born.

OWEN.—On the 27th ult., at Sussex-terrace, Southsea, the wife of Alfred Lloyd Owen, B.A., M.B., of a son.

POTTER.—On the 11th inst., at Collumpton, Devon, the wife of Dr. S. R. Potter, of a son.

SPYERS.—On the 8th inst., at Faversham, the wife of T. C. Spyers, M.D., of a son.

MARRIAGES.

FINDEN—ROBINSON.—On the 16th ult., at Trinity Church, Allahabad, Woodforde Finden, L.R.C.P.Ed., M.R.C.S.E., 11th Bengal Lancers, to Valence Aimée, daughter of the Rev. Julian Robinson.

LUKE—PERROTT.—On the 6th inst., at St. Barnabas, Hornsey-road, Henry Luke, M.R.C.S.E., of Tollington-park, to Matilda Duerdin, daughter of the late Richard Perrott, Esq.

WILSON—POLLOCK.—On the 7th inst., at Zetland House, Bridge of Allan, George Wilson, M.D., L.R.C.S.Ed., of Huddersfield, to Jane, youngest daughter of the late David Pollock, Esq., of Stirling.

DEATHS.

BLUNDELL.—On the 22nd ult., Thos. Leigh Blundell, M.D., of St. Leonard's-on-Sea, aged 84.

CREED.—On the 28th of January, at Kingston, Jamaica, Richard Creed, L.R.C.S.I., aged 28.

DENTON.—On the 1st inst., P. G. Denton, Surgeon, of Elm-tree House, Clay-cross, Chesterfield, aged 35.

DREW.—On the 26th ult., Alfred Drew, M.R.C.S.E., of Fakenham.

KNIPE.—On the 7th inst., G. F. Knipe, L.R.C.P.Ed., of Instones, Leighsinton, Worcestershire.

PARKER.—On the 8th inst., at Cavan, James Parker, L.R.C.S.I., aged 34.

TYRRELL.—On the 7th inst., at Netley, Sophia Evelyn, daughter of W. J. Tyrrell, Esq., Army Medical Staff, aged 6 months.

VAWDREY.—On the 11th inst., Geo. Vawdrey, M.R.C.S.E., of Hayle, Cornwall, aged 65.

WEBB.—On the 4th inst., John W. Webb, M.R.C.S.E., of Headingley, Leeds.

WILLIAMS.—On the 10th inst., Philip Henry Williams, M.D., M.R.C.P.L., of Foregate-street, Worcester.

Notes, Short Comments, and Answers to Correspondents.

DR. ARTHUR MITCHELL ON IDIOCY AND CONSANGUINEOUS MARRIAGES.

IN the third Morisonian Lecture, delivered at the Edinburgh College of Physicians, Dr. Mitchell discussed the subjects of idiocy and marriages of consanguinity. With regard to the condition of idiocy, he believed that 60 or 70 per cent. of such cases in the British Isles were not congenital, but acquired, and due to one or other of the numerous accidents to which children are liable. In illustration of the aberrant character of the phenomena of heredity, he cited the case of a man whose father and brother and sister had six fingers on each hand, whilst he himself had the normal number. He married, and his first child was six-fingered; showing that, though he escaped the actual abnormality, he still possessed it potentially, being able to transmit it to his offspring. In connexion with the subject of consanguineous marriages, Dr. Mitchell disapproved of unions of near relatives, but said that proof was wanting that any evil resulting from them was dependent on a mysterious influence intrinsic in the consanguinity itself. His objection to marriages of blood relations arose rather from a consideration of the increased risk in such unions of the transmission of morbid peculiarities. Thus, if a deaf-mute is married to a person in possession of the faculties of speech and hearing, the chances of their having a deaf-mute child will be as 1 to 135; but if deaf-mutes intermarry, the chances rise to 1 in 20.

Mr. Wm. K. Brock.—It would be a thankless task for practitioners to undertake to come between incompetent druggists and the public. It is the public's concern.

A Subscriber.—The principal, unless by special contract to the contrary.

MIDWIFERY FEES.

To the Editor of THE LANCET.

SIR,—In answer to "Inquirens," I may state that the probable good result of County Court proceedings depends a good deal on the whim of the Judge. A year or two ago a woman engaged me to attend her in her confinement; and after waiting for nearly two months beyond the time specified, I accidentally found out that she had subsequently engaged another practitioner, who had attended her. I forthwith summoned the husband at the Croydon County Court for my fee, one guinea; but I lost the case, the learned Judge ruling "that any woman had a right to change her mind."

I am, Sir, yours obediently,

Penge, Surrey, March 6th, 1872. LICENTE.

DIPSOMANIA AND ITS REMEDY.

AMERICA is taking the lead in grappling with the question of habitual intemperance. To the list of States recently enumerated by us as making that vice amenable to the criminal law, Massachusetts must now be added. In this course her Legislature have something like the approval of the Scottish Commissioners in Lunacy. In the last Report of these gentlemen the provisions of Mr. Dalrymple's Bill are keenly probed, and their shortcomings laid open. According to that measure the relatives and guardians of the dipsomaniac should be legally empowered, on the production of two medical certificates, to commit him to a lunatic asylum for an indefinite period if a rich man; and for a period of not less than three and not more than twelve months if a poor one. The good that would be done to the dipsomaniac by such detention would, it is said, in ninety-nine cases out of a hundred, be merely temporary. For a little time his friends and fortune might be relieved from the consequences of his propensity, but that would be all. Regular industrial employment seems the only way to restore to the dipsomaniac his nervous vigour, his moral tone, his power of self-control; but to make that employment effective, it must be compulsory; and to be compulsory, it must be enforced by penalties. Punishment, however, is not allowed in lunatic asylums, and therefore the Scottish Commissioners would prefer to deal with the dipsomaniac as an offender, of whom the criminal law can take cognisance, and to exact from him that regular, systematic, and bracing discipline enforced in the Dépôts de Mendicité of the Continent. What the Commissioners prefer in theory, the States of America are carrying out in practice. Mr. Dalrymple has lately returned from a visit to the dipsomaniac asylums there, and, in view of his promised measure, an account of that visit would materially contribute to prepare the public mind for its impartial discussion. Light on the subject is welcome from every quarter. In the Report of the Royal Edinburgh Asylum a distinction is made between the dipsomaniac and the wilful drunkard, which is well worth Mr. Dalrymple's attention. In the former a disease of the nervous system, often hereditary, and exploding in periodic paroxysms, is present. The patient is sleepless, ill at ease; perspires incessantly; has a quick, soft pulse; and feels so prostrate that he flies to stimulants for relief. In the intervals he looks on alcohol with abhorrence. In the latter case, drinking is systematically indulged in as a pleasure; crapulosity brings no repentance; the ideal of happiness centres in the bottle. For such a case no treatment, no legislation will avail. But for the dipsomaniac the "let alone" therapeutics is fatal; while judicious restraint and firm yet humane regimen can do, as they have often done, signal and lasting good. Dr. Skae's distinction is an important one, and, if intelligently grasped, will serve to narrow the dimensions and simplify the details of a large and complex problem.

Medicus.—Communication received, but too long for insertion.

THE VENTNOR COTTAGE HOSPITAL.

To the Editor of THE LANCET.

SIR,—The thanks of all those interested in the treatment of consumption are due to Dr. A. H. Hassall for the interesting account he has given us of the Royal National Hospital for Consumption at Ventnor. Will you allow me, Sir, to ask him to be good enough (to render his account more perfect) to tell us how the inmates of that institution are dieted, and what the cost of each patient's diet is per week? After my experience at the National Sanatorium at Bournemouth, I am quite convinced that it is most desirable to provide separate bedrooms for consumptive patients; but I am equally certain that the patients should have a large hall provided for their use in the daytime, where games of various sorts should be found to help to while away some of the tedious hours. In the Sanatorium I found a small billiard-table a source of endless amusement. I feel confident that the good results obtained in that institution were quite as much due to the bright, cheerful life the patients led as to the effects of the salubrious air, and unlimited quantity of steel and cod-liver oil.

I am, Sir, your obedient servant,

Bournemouth, March 11th, 1872. T. G. HOUDER, M.R.C.S.

Typhoid Fever.—The remarks made regarding the connexion between typhoid fever and bad drainage have been misunderstood by our correspondent. We did not say that the origin and prevalence of this disease are always and solely attributable to defective drainage or contaminated water. It is, for example, not uncommon among European troops quartered in Indian barracks, where no pipe-drainage exists, and where the dry-earth system prevails. We do not, however, believe that a specific form of fever of this kind is merely a modification of the malarious fever of that country. Typhoid fever is common enough at places where ague or remittent fever is never seen.

Ignoramus.—The owner of the qualification specified is not entitled to call himself "Dr." There is now but one Pharmacopœia—the British Pharmacopœia.

AMPUTATION OF THE LEG IN YOUNG FEMALES.

To the Editor of THE LANCET.

SIR,—I see by an advertisement from "Z. Y. X." in to-day's LANCET that information is requested as to amputation of the leg in girls under fifteen years. I beg to say that three years ago I amputated at the knee-joint in the case of a girl, nearly six years of age, suffering from necrosis of the tibia and disease of the ankle-joint. I dressed the wound with carbolic oil, and it healed with scarcely any suppuration, and she made a speedy and satisfactory recovery. I have at the present time under my notice a boy about ten or eleven years of age, whose foot was amputated by Syme's method at the Dorset County Hospital some little time since. He has made a good recovery.

I am, Sir, yours faithfully,

Cerne Abbas, Dorset, March 9th, 1872. JOHN EVANS.

CASUALTIES IN THE STREETS.

FIFTY-FIVE persons crushed to death beneath the wheels of vehicles in the streets of London, and 1139 others injured by the same means, during the first half of the year 1871! Such is the testimony afforded by a Parliamentary paper recently issued. Surely the agonies of the sufferers and the tears of their bereaved or distressed relatives, represented by the above figures, may be regarded as sufficient to remove them from the category of "dry statistics." No doubt some of this suffering and mortality may be fairly attributed to the want of proper caution on the part of foot passengers, who become the victims of misplaced confidence in the humanity of drivers; but that the larger proportion of the casualties in metropolitan thoroughfares are caused by reckless driving, especially round street-corners, and by the lack of efficient police regulations of the traffic in general, must, we think, be plain to every close observer. We have, however, been gratified of late by noticing attempts of a more earnest character on the part of the guardians of the peace to remedy the last-named defect, and shall hope to discover the result of such endeavours in returns of a less grievous and formidable kind than those which we have quoted at the commencement of this notice.

An Inquirer.—We are very sorry that we cannot comply with our correspondent's request. It would be contrary to our rule to do so—a rule that saves us, as our correspondent will readily understand, from making invidious distinctions.

M. D. E. P. had better apply to the Charity Organisation Society.

ARMY MEDICAL REORGANISATION.]

To the Editor of THE LANCET.

SIR,—In a letter on the above subject which appeared in your number of Feb. 10th, some reference was made to the proposed alteration in the titles of medical officers; and as I am very much interested in this reformation, I beg leave to ask of men better qualified to deal with the renovation than myself, whether it would not improve the status of the medical officers, and of the corps generally, if, when the alteration is made, such titles are given to the officers of the various grades as will not only denote their position with regard to the other officers of their own branch, but will also at once demonstrate to the public generally their rank with respect to the combatant officers. Again, might not these titles be so framed as to allow of their being borne with honour and distinction, not only in the army, but also on retirement? It seems to me that all the position and distinction which a medical officer earns in the army by his ability, energy, and zeal, he has entirely to relinquish on retiring, which certainly seems hard considering the amount of labour he has to expend in attaining them. If there are to be but four grades in the service—viz., surgeon and assistant-surgeon-general, surgeon-major and surgeon, could not some word be adopted in the title "assistant-surgeon-general" instead of that detested word "assistant"? I look to others more conversant with military terms than myself to supply a word as a substitute; but it seems to me that "vice" or "brevet" or "lieutenant" would be far preferable. If surgeons constitute the lowest grade of the revised ranks, it seems but fair that they should have a status equal to that of captain, since ensigns have been done away with. But supposing the officer of the rank of surgeon stands on an equality with the captain or lieutenant, could not some affix be annexed to the title "surgeon" to denote his status? We have already the titles surgeon-general, surgeon-major; why should we not have also those of surgeon-captain, surgeon-lieutenant, lieutenant-surgeon-general, the latter instead of assistant-surgeon-general? On retiring, a surgeon-general might retain the title of general, the other officers in the lower grades acting in a similar manner, while the letters "R.S." for "Royal Surgeons" placed after the name would show the particular branch of the service in which the officer had gained his distinction.

Trusting that my suggestions may not be unworthy of the consideration of those more enlightened on the subject than myself,

I am, Sir, yours, &c.,

February 26th, 1872. ONE ABOUT TO ENTER THE ARMY.

THE MEMORY.

HARING, the physiologist, asserts that about the heaviest tax on the memory is that imposed by the profession of the pianist. Rubenstein recently played by heart a piece in which Professor Schmidt counted no fewer than 62,990 notes!

A. Z. must use his discretion; but he ought certainly to ask for extra remuneration under the circumstances. The liberality of guardians is neither proverbial nor remarkable; but during the late epidemic of small-pox there have been numerous cases in which they have granted gratuities for the extra work imposed on medical officers.

G.—As we have no information beyond that contained in the extract from the paper in question, we are strongly inclined to doubt its correctness.

Mr. J. Brown.—We believe these models can be obtained only in Paris.

INSANITY: BY A MADMAN.

To the Editor of THE LANCET.

SIR,—You know the difficulty, the impossibility, of giving a correct definition of insanity, or of any of its many forms. A few words, however, dictated by the mighty pressure of disease, will sometimes yield an accurate and expressive idea of a common type of mental alienation. In the same way a few bold strokes of an artistic pencil will sometimes embody a likeness of extraordinary fidelity, which the most elaborate care and minuteness may fail to convey. Yesterday I received from a patient, discharged as cured about six months back, the following graphic picture of the condition of his mind. It is an exact and splendid definition of intellectual and emotional disturbance, which may culminate in an act of impulsive violence:—"Sir, I am savaged by my heart and brain. No sleep—no rest. Pray send for me."

The consciousness of derangement, the longing for a resting-place, and the piteousness of the poor fellow's request to be sent for, are quite tragic.

Obediently yours,

Middlesex County Lunatic Asylum, Colney Hatch, March 4th, 1872. EDGAR SHEPPARD, M.D.

A GRATEFUL PATIENT.

IN this time of alarm in the public mind from the epidemic of small-pox, it is gratifying to notice an instance where a patient suffering from that complaint recognised in a substantial way the risk incurred by medical men in attending to such cases. Mr. William Murphy, of Dublin, lately deceased, has left over £5000 in various sums to charities in that city; and to his friend, Dr. Ryan, Alderman of Dublin, £500, as a mark of his great esteem and regard, and in token of his gratitude for his professional attention and many acts of kindness. A few months previously Dr. Ryan also received a legacy of £100 from another patient in recognition of professional duties.

Dr. Pollard, (St. Thomas's Hospital.)—The report of the case shall be inserted, if possible, next week.

Mr. Aubrey Husband.—It is unnecessary to carry the discussion further, as our correspondent does not add any new facts. We think that, on reflection, he will give more than a temporary assent to our view of the questions.

A Militia Surgeon will perceive that we have called attention to the subject of his communication.

E. M.—We are not aware that there is any such institution.

THE CONTAGIOUSNESS OF RUBEOLA DURING THE STAGE OF CATARRH.

To the Editor of THE LANCET.

SIR,—*If* you think the enclosed worth inserting, or might prove useful in any way, please insert it. It is, I believe, a matter of uncertainty, or at least requires more proof than we have at present, whether rubeola is contagious during the preceding stage, &c. That it is so sometimes, I think the following cases will prove.

A young lady suffering from all the incipient signs of measles—catarrh, watering at the eyes, &c.—came on Sunday, November 26th, 1870, on a visit for the day to a house where I was staying. There were several young children in the house, my own little boy among the number. On the following Monday I heard the young lady had the measles, and, being a relation of mine, I went to see her, but did not actually touch her. My little boy and myself left the house we were staying at on Wednesday, Nov. 29th. On Dec. 4th or 5th, the ninth day after exposure, the child began to complain; and on Saturday, the 9th, fourteen days afterwards, the eruption was well out. Two other of my children caught the disease, and had the eruption well developed. On Dec. 17th, eight days after, their brother, another child, a year old, also caught the disease; but it appeared many days after the others.

Unless the stage of incubation may be much shorter than is generally supposed, I do not see how the two children could have the eruption well developed eight days after their brother, unless they had caught the disease from him during the preceding stage of catarrh. I do not lay much stress on the first catching it, as the young lady might have had a slight eruption without anyone being aware of it. I may mention that the other children in the house also took it from her.

Yours truly,

Carnarvon, March, 1872. W. TAYLOR MORGAN, M.D.

A Student.—It was Bacon who said, if men fall to subdivide their labours, they may prove ready and subtile, but not deep or sufficient, no not in that subject which they do particularly attend, because of that consent which it hath with the rest. He wisely points out the mutual light and consent which one part of knowledge receiveth of another. No doubt he has proved unfortunate in selecting the illustration of the oculist in physic, because ophthalmic surgery, of all subjects, has the best right to be pursued as a specialty; but the spirit of his remarks remains true to this day, and we wish this was more generally recognised than it is at the present time.

Dr. C. P. Coombe will find Prof. Lister's most recent published views in the address delivered by him at Plymouth in August last. The lac plaster is now replaced by antiseptic gauze.

W. G. W.—Inquire of the Apothecaries' Society.

Dr. F. R. Hogg (Woolwich) writes to us as follows regarding puerperal mortality:—

"At certain military stations there are hospitals where the wives of soldiers are admitted for parturition, as well as for general diseases not of infectious character. Through the kindness of the medical officers in charge, Messrs. Mackenzie, Macbeth, Good, Allen, Ferguson, M'Natty, and Adcock, I am enabled to afford information on the important subject of puerperal mortality during the past year. At Aldershot, 358 deliveries, 1 death; Colchester, 67 deliveries, 1 death; Portsmouth, 63 deliveries, 1 death; at Chatham, 56 deliveries; at the Curragh, 59; at Plymouth, 44; at Shorncliff, 47; at Woolwich, 138;—making a general total of 832 deliveries, 3 deaths. On reference to Miss Nightingale's book, it appears that out of 5575 confinements in these hospitals, 51 deaths occurred. At Woolwich, taking the average for nine years, the mortality ranged about one per cent. either from fever spontaneously arising, from hæmorrhage, syncope, exhaustion, embolism; from puerperal peritonitis resulting from cold or instrumental delivery; from fever generated during the discomfort of a sea voyage, and in two instances from malignant fever traced to East Indian women. It is impossible to fix any average of mortality. For instance, in 1862, out of 23 cases at Woolwich, 2 died; whereas out of 344 deliveries in 1863, 1864, and 1865, not a single death occurred. At Colchester they ran on from 1865 to 1870 without a death out of 252 deliveries; but, doubtless, their turn of misfortune will come, for throughout England there is an acknowledged mortality of 1 in 130 cases, to the best of my recollection."

INDIAN MEDICAL SERVICE.

A CORRESPONDENT writes to ask us whether there is any prospect of a competitive examination being held in August next for the Indian Medical Service?

Dr. Brez.—With every desire to meet our correspondent's wishes, we think it unadvisable to transport the controversy as it at present stands into the pages of our own journal.

DENGUE.

THIS singular eruptive fever seems to be still very prevalent in Calcutta, and the *Indian Medical Gazette* contains some interesting papers on the subject. Dr. Charles, according to a clinical lecture delivered by him at the Medical College, considers that the term "dengue" is probably a Spanish corruption of the word "dandy," which was applied to the affection by the negroes in certain parts of the West Indies, owing to the erect or stiff carriage assumed by their companions while the subjects of the aching joints so commonly present in the disease. The most complete account of the disease is to be found in Aitken's article thereon in Reynolds's System of Medicine. Judging from the accounts given of the cases at Calcutta, it appears to be very contagious; to be very sudden in its onset; the initial symptom, perhaps, being a sudden and severe pain in one or other of the joints, and to be attended with considerable fever, and a peculiar eruption, sometimes consisting of two kinds—one an initial rash of swollen red patches, and the other a measly kind of eruption that appears later in the case. It does not seem to be fatal, and one of the chief points of interest in connexion with it is the very painful joint affection, which appears to be of the nature of a nerve lesion.

M.D. (Devonport) will find that a Blue-book published last year by the War Office, entitled "Report on Sanitary Appliances introduced into Barracks," contains much useful information on the subjects to which he refers.

SHREWSBURY EYE AND EAR INFIRMARY.

To the Editor of THE LANCET.

SIR,—I have merely a professional acquaintance with Dr. Andrew, the surgeon to the above infirmary, on whose yearly Report you pass some severe strictures in your issue of the 2nd instant.

With reference to one point, where you say, and rightly enough, that a "provincial hospital surgeon should strengthen the hands of neighbouring practitioners," I think it only due to Dr. Andrew to state that, as far as my experience goes, he endeavours to act up thoroughly to that very principle; and I know that the practice of the infirmary, as regards operations, for instance, is open to any medical man in the neighbourhood, and, indeed, their attendance is invited. Dr. Andrew is most courteous in consultations, and has, in my experience, invariably "strengthened my hands" rather than injured me by "blowing his own trumpet."

It must too, I think, be somewhat difficult (where a surgeon is sole medical officer to an institution) to draw up a Medical Report without many necessary references to the results of one's own work, and consequently the reporter lays himself open to the charge of self-laudation.

There is no doubt that Dr. Andrew's heart and soul are in his work, and he may righteously be proud of the local fame of the infirmary, as he has so long and so successfully himself aided to keep up its good name.

I enclose my card, and subscribe myself,

Faithfully yours,

Salop, March 5th, 1872. COUNTRY PRACTITIONER.

*** We are heartily glad to receive and publish the testimony of our correspondent. We do not conceive that our strictures were so very severe, inasmuch as we spoke of the errors of the Report as being, for the most part, such as could be explained by an enthusiasm in itself meritorious, but requiring to be restrained by discretion.—ED. L.

Mr. T. S. Jackson.—The medical session begins in Paris in November, and lasts till the end of April. The principal lectures are delivered during this period, and dissections are carried on at the Ecole Pratique, and clinical instruction is regularly afforded. The summer session comprises June, July, and August, during which the usual summer lectures are given, and clinical instruction continued. Many private courses are delivered at the Ecole Pratique, both winter and summer; these are quite independent of the Faculty lectures, and are open to students upon the payment of fees. Admission to hospital and the courses at the Faculty is readily granted.

THE communication of *Mr. J. P. O'Donovan*, which had unfortunately been mislaid, has been recovered, and shall appear in an early number.

A Student will find (1) Ellis's Anatomy, with the Manual by Mr. Christopher Heath, answer his purpose; (2) the last edition of Carpenter's or Kirkes's Physiology.

RACHEL BUSBY AND THE JURY OF MATRONS.

To the Editor of THE LANCET.

SIR,—My attention has been drawn to a paragraph in your journal of this day, referring to the case of Rachel Busby, who was sentenced to death at the last summer assizes held at Oxford for the murder of her child, in which reference is made to the *adverse* verdict of the jury of matrons. As I was requested by the Judge who tried the prisoner (Mr. Justice Lush) to visit her in the presence of the jury of matrons, to assist them in deciding on their verdict, I think it right to state what did actually take place after sentence of death was pronounced, as erroneous statements have appeared in the public journals. On the return of the jury into Court, they gave as their verdict that the prisoner was not *quick with child*. The Judge then asked me if she was pregnant, and I replied I believed her to be so, but that it was at too early a stage to assert it as a positive fact; and I have reason to know that from this evidence the prisoner's life was ultimately spared, and not, as erroneously stated in some of the public journals, from the exertions of some philanthropic gentlemen at Oxford after the "adverse" verdict of the jury of matrons. As you have stated, the prisoner was delivered of a still-born child about ten days ago.

Your obedient servant,

Oxford, March 9th, 1872. EDWARD R. OWEN, F.R.C.S.

Dr. R. S. Walker.—It is not usual for medical men to charge for attendance on the immediate families of members of the profession, unless in the case of children that are entirely self-supporting.

Asnjah.—The best English work on the subject is Laurence's "Optical Defects of the Eye," published by Hardwicke. We cannot recommend the treatise referred to by our correspondent.

ISOLATION OF SMALL-POX PATIENTS.

THERE is no definite time for the liberation of a patient who has had small-pox. There must be no remains of scab on any part of the person. When the case is mild, there may be no danger in letting the patient go about even at the end of a week or ten days after the commencement of the eruption; but when the case is severe, it may be necessary to keep him isolated for some months. When there are a succession of cases in the same house, there is no need of keeping in those first attacked if they are not personally dangerous.

C. E. D.—We would recommend our correspondent to consult some hospital surgeon on the deformity to which he alludes. It is impossible to pronounce any opinion from a description of the case.

Indignans has good right to be angry. The conduct of D. is extremely uncourteous. A Club surgeon is to be treated with the same consideration as a private practitioner.

M.R.C.S.—We have never heard of its being usual, although we can believe that it may occasionally take place.

Dr. W. H. Short.—The work is published by the New Sydenham Society. Particulars may be ascertained from Mr. Lewis, Gower-street.

SINGULAR AND INTERESTING RECOVERY FROM DROWNING: MARSHALL HALL METHOD.

To the Editor of THE LANCET.

SIR,—I forward you an interesting case of recovery from drowning, which I trust you may find worthy of insertion. It was narrated to me by a gentleman, who at the time was residing in Geneva. He has since kindly written the history, which I give you in his own graphic words. One cannot too much admire the kindness and forethought in being provided against such an emergency, the presence of mind and decision in seeking for a body under very peculiar circumstances, and the beauty of the first rule of the "Marshall Hall Method," which directs that the patient should be treated "instantly on the spot," with the body "on the face."

It is not possible to estimate the exact time that the child was under the water; but as the pond had been in sight from 150 to 200 yards, and the surface was calm and free from ripples when the gentleman arrived and discovered the hat and net, some minutes must then have elapsed, and many more before the boy was got to the bank. If the child, as he subsequently said, sank at once to the bottom, the heart would continue to beat longer than if the sinking had been preceded by struggles, and this circumstance would explain a recovery after a rather lengthened period of submersion.

"..... I and my wife were walking down to Geneva, and about half a mile before we arrived at the Plateau we were joined by our landlord, and were in conversation with him as we passed the round pond. I should state that this pond is visible for some 150 or 200 yards on the side on which we approached it; but it is surrounded with a low hedge, so that the surface of the pond is not visible until you are opposite to it. The pond is round, with brick sides like a well, about twenty feet in diameter, and seven or eight feet deep (as we found after the accident). The surface of the water is about two feet below the level of the bank, and there is a small space, probably two or three feet, all round the pond between the hedge and the pond. The bottom is very full of weeds, which grow upwards in long green shreds, some of which extend nearly to the surface. When we arrived at the pond, I was next to it, and looking over the hedge I saw a child's straw-hat and a butterfly-net floating on the surface, and I got over the hedge to pick them out with my walking-stick. My wife said at once that there must be a child in the pond, as no child would leave its hat and net without being somewhere near the pond, or trying to get them out. I said it was impossible anyone could be in the pond without our seeing them (we had no idea the pond was so deep); but we then observed a small stream of bubbles ascending continuously about two or three feet from the side, and we became alarmed. After I had tried in vain to reach the bottom with my stick, we called to some people who came out of the adjoining houses to bring a pole or a ladder, and immediately afterwards a gentleman rushed out with a short ladder and tried to go down on the steps; but it was too short, and we kept calling out for a pole or something to reach the bottom. At this moment I saw an old woman with a hay-rake, and I called out to her to let me have it. I put this down to the bottom just beyond where the bubbles were ascending, and drew it slowly and carefully towards me; but the first time I brought up nothing but weeds. The next time, however, I felt something heavy, and on bringing it slowly up (for I was afraid lest it should drop off), as it approached the surface we saw the livid face of a little boy, about seven years old, with the tongue out, and the whites of the eyes visible, and we all thought he was dead. At this moment, just as our landlord and the gentleman who had brought the ladder were pulling the boy on to the bank, the mother rushed up, and, on seeing her boy's face, she and my wife were quite overcome, and obliged to sit down. As soon as the boy was on the bank, I turned his face down, and elevated his feet a little, so as to let the water run out of his mouth (and I remember I was surprised at the quantity which did run out). I felt him heave a deep sigh, and I shouted that he breathed, and was not dead. He was then carried into his father's house, and I took out of my pocket-book the printed instructions of Dr. Marshall Hall, which I had carried for years, and began to read aloud, and my wife to repeat in French what I read. As the boy breathed, it was only necessary to read from that point, and give the necessary instructions about hot flannels and rubbing the body. As soon as a surgeon arrived, we left and proceeded to town, comparatively easy about the child. ..... On our return we called to ask after him, and found he was going on very well. The boy's own account of the matter was that he found so many beautiful dragon-flies flying about the pond, that he got over the hedge, though against the orders of his mother, and in trying to catch one he stretched out too far, and fell into the pond; that he was caught by the weeds, and never came to the top at all, and he quite expected to be drowned. Of course he had lost all consciousness before he was pulled out. I have always been struck with our extraordinary good fortune in making no mistakes after our arrival at the pond, as a very slight one would have caused a fatal delay. The poor parents showed much more gratitude than we had any right to expect, as we did nothing more than anyone else would have done. As soon as the little boy was well enough to thank us himself, he brought us a beautiful bouquet of flowers."

Your obedient servant,

Brighton, February, 1872. FREDERICK WILDBORE, F.R.C.S.

CERTIFICATES OF LUNACY.

THE medical officer of a workhouse has no right to sign certificates of lunacy in virtue of his office. The person so employed is nominated by the magistrate. As a rule, magistrates prefer the certificates of the workhouse medical officer, because he has enjoyed peculiar opportunities of becoming acquainted with the nature of the case.

Mr. John Dixon, (Glasgow.)—It is contrary to our practice to nominate anyone, and we must decline sending private answers. Our correspondent had better consult his usual medical attendant.

Accident.—1. Prof. Hamilton's or Mr. Gamgee's book. — 2 and 3. We are unable, from the absence of any personal knowledge, to give the required information.

MEDICAL ETHICS AT OXFORD.

To the Editor of THE LANCET.

SIR,—Will you please to insert this letter in answer to that of Dr. Spencer, which appeared in your number of last week.

On Feb. 13th I received a note from Dr. Spencer, requesting me to visit a patient of his, and to give my opinion to the friends. I called late in the afternoon, and refused to give a definite opinion then, hoping to have an opportunity of seeing Dr. Spencer. The next day the patient sent for me, and I objected to go. At midnight I was called from my bed to visit her again; but so far from spending the night in attendance, I was home again in half an hour. The brother who came for me and the mother and sister most distinctly assured me that Dr. Spencer had ceased to attend. Under those circumstances I could not refuse to prescribe. I did not differ in opinion with Dr. Spencer, and nothing could be further from my intention to take the case out of his hands, and I have only to regret that I had anything to do with the case. Your obedient servant,

Oxford, March 13th, 1872. FREDERICK SYMONDS.

Justice will find that the subject has been noticed, and the reason given for our previous silence.

Mr. T. J. Wodehouse.—The matter referred to seems to be of very old date; but we will make inquiry.

Dr. H. Carnley, (Hull.)—It is very important to ascertain whether the cases mentioned had been vaccinated, as the primary fever under such circumstances may be severe, and the case abort at the suppurative stage with relatively little or no fever. Can our correspondent furnish this information?

MASTER AND SERVANTS (WAGES) BILL.

To the Editor of THE LANCET.

SIR,—I observe from the newspapers of to-day that a Bill bearing the above title has just been issued, and it appears that one of its chief provisions is to prevent masters from deducting any sum from the wages of their workmen. At present, both in England and Scotland, a small sum is deducted from the wages of miners &c. as fees for medical attendance. Now, Sir, should such a Bill pass and become law, medical practitioners in mining districts will be badly paid, and the miners themselves will have much difficulty in getting medical attendance.

My reason for addressing you on the above is to bring the matter before the profession, and more especially those members of it practising in mining districts, so that they may do all in their power to oppose the passing of this Bill without an amendment so far as relates to the deduction of medical fees from the wages of miners, ironworkers, &c.—Yours truly,

March 6th, 1872. GRADATIM.

COMMUNICATIONS, LETTERS, &c., have been received from—Prof. Humphry, Cambridge; Dr. Pollard; Mr. Cooper Forster; Dr. F. A. Davy, Moradabad; Miss Bedford; Dr. Husband; Dr. Brown, Shap; Dr. Short, Walsham; Dr. Fraser, Cupar; Mr. Herbert, Demarara; Mr. Stevenson; Mr. Horder, Bournemouth; Mr. Sherman; Dr. Carpenter, Ludlow; Mr. Owen, Oxford; Mr. Dewey, Birkenhead; Mr. Eardley-Wilmot; Mr. Greig; Mr. Bodine, New Jersey; Mr. Brown, Lynn; Mr. Ewens, Cerne Abbas; Mr. Gedge, Bury St. Edmunds; Mr. Andrews, Belfast; Mr. Deverell; Mr. Langham; Mr. Addenbrooke, Kidderminster; Dr. S. Mitchell, Sheffield; Mr. Groom, Stirling; Dr. Coombs, Castle Cary; Mr. Marsden, Malvern; Mr. Baker, Rotherham; Mr. Kerr, Starry; Dr. Lloyd Owen, Southsea; Mr. Curzon, Huntingdon; Dr. de Lisle, Haarlaem; Mr. Hamilton, Chester; Mr. Mills; Mr. Cooke, Stroud; Mr. Postlethwaite; Mr. Tennant; Mr. M'Williams; Dr. MacKay, Stockton-on-Tees; Dr. Wilson, Huddersfield; Mr. Cooper, Richmond; Mr. Froude; Mr. Bantock, Stockport; Mr. Temple, Ipswich; Dr. Sheen, Cardiff; Dr. Harding, Whitlessea; Mr. White, Bathampton; Mr. Orton, Chorlton-upon-Medlock; Dr. Gutteridge; Dr. Carnley, Hull; Mr. Rendle; Mr. Godfrey, Curraghboy; Dr. O'Brien, South Shields; Mr. Alexander, Chiswick; Mr. J. Brown; Mr. Banks; Mr. Langford, Chepstow; Mr. T. Smith; Mr. J. Geary; Mr. Horton, Chippenham; Mr. Robinson; Mr. Whorley, Brighton; Mr. Ray, Milton; Dr. Bristow; Dr. S. Smith, New York; Dr. Symonds, Oxford; Mr. Wickham, Canterbury; Mr. E. Graham, George Town; Mr. Chater, Ormskirk; Mr. Edwin, Cheadle; Mr. W. Brownlow, Callender; Mr. B. Walton, Birmingham; Mr. H. Bayley, Ware; Mr. Colman, Buntingford; Mr. Edwards, Harlech; Mr. Tomlin; Mr. R. H. Scott; Mr. C. L. Kemp; Mr. Higgins, Wellingborough; Mr. H. C. Lawrence; Mr. B. Walmsley; Mr. Porter, Walsingham; Mr. Holding, Tetbury; Mr. Morgan; Dr. Sutherland, Manchester; Mr. E. MacDonald; Mr. T. Jones, Carnarvon; Dr. Buchanan, Glasgow; Dr. Archer Farr; The Editor of the *Liverpool Albion*; Studens; Medico; Student; M.R.C.S.; Beta; Asnjak; A Subscriber; F. R.; C. E. D.; L.M.; Royal Institution; G.; E. M.; A Militia Surgeon; X.; Coma; Impartial; Medicus; A General Practitioner; Justice; Accident; &c. &c.

Southampton Times, Pembrokeshire Advertiser, Madras Monthly Journal of Medical Science, Kentish Express, Isle of Man Times, South London Press, Burton Weekly News, Wolverhampton Chronicle, Liverpool Daily Courier, La Independencia Medica, Elgin Courant, George Town Gazette, and *Birmingham Morning News* have been received.

Medical Diary of the Week.

Monday, March 18.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
ST. MARK'S HOSPITAL.—Operations, 2 P.M.
METROPOLITAN FREE HOSPITAL.—Operations, 3 P.M.
ROYAL COLLEGE OF SURGEONS OF ENGLAND.—4 P.M. Prof. Flower, "On the Comparative Anatomy of the Organs of Digestion in the Vertebrata."
MEDICAL SOCIETY OF LONDON.—8 P.M. Mr. W. B. Dalby, "On a Case of Temporary and Extensive Loss of Hearing, thought to depend on Constitutional Syphilis."—Adjourned Discussion "On the Treatment of Aneurism."

Tuesday, March 19.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
GUY'S HOSPITAL.—Operations, 1½ P.M.
WESTMINSTER HOSPITAL.—Operations, 2 P.M.
NATIONAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
ROYAL FREE HOSPITAL.—Operations, 2 P.M.
WEST LONDON HOSPITAL.—Operations, 3 P.M.
ROYAL INSTITUTION.—3 P.M. Dr. W. Rutherford, "On the Circulatory and Nervous Systems."
PATHOLOGICAL SOCIETY OF LONDON.—8 P.M. The following Specimens will be exhibited:—Congenital Extension of the Conjunctiva over the front of both Eyes (a living subject); A Meningocele Cyst removed by Operation; Dislocation and Fracture of the Vertebræ; Chronic Rheumatic Arthritis; Hydatid Tumour of the Thigh; Recurrent Tumour of the Breast; Hernia of the Liver; Tumours of the Kidney; Enlargement of the Tongue; Malformation of the Heart; Aneurism of the Sinuses of Valsalva, Clubbed Fingers; Stricture of the Œsophagus; &c. &c.

Wednesday, March 20.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
MIDDLESEX HOSPITAL.—Operations, 1 P.M.
ST. GEORGE'S HOSPITAL.—Ophthalmic Operations, 1½ P.M.
ST. MARY'S HOSPITAL.—Operations, 1½ P.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
ST. THOMAS'S HOSPITAL.—Operations, 1½ P.M.
KING'S COLLEGE HOSPITAL.—Operations, 2 P.M.
GREAT NORTHERN HOSPITAL.—Operations, 2 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
LONDON HOSPITAL.—Operations, 2 P.M.
SAMARITAN FREE HOSPITAL FOR WOMEN AND CHILDREN.—Operations, 2 P.M.
CANCER HOSPITAL.—Operations, 3 P.M.
ROYAL COLLEGE OF SURGEONS OF ENGLAND.—4 P.M. Prof. Flower, "On the Comparative Anatomy of the Organs of Digestion in the Vertebrata."
ROYAL COLLEGE OF PHYSICIANS OF LONDON.—5 P.M. Dr. Quain, "On Diseases of the Muscular Walls of the Heart."

Thursday, March 21.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ST. GEORGE'S HOSPITAL.—Operations, 1 P.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
ROYAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.
ROYAL INSTITUTION.—3 P.M. Prof. Odling, "On the Chemistry of Alkalies and Alkali Manufacture."
HARVEIAN SOCIETY OF LONDON.—8 P.M. Mr. F. J. Gant, "On Impacted Fracture of the Neck of the Femur; its Diagnosis and Treatment."

Friday, March 22.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
ROYAL SOUTH LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.
ROYAL COLLEGE OF SURGEONS OF ENGLAND.—4 P.M. Prof. Flower, "On the Comparative Anatomy of the Organs of Digestion in the Vertebrata."
ROYAL COLLEGE OF PHYSICIANS OF LONDON.—5 P.M. Dr. Quain, "On Diseases of the Muscular Walls of the Heart."
QUEKETT MICROSCOPICAL CLUB.—8 P.M.
CLINICAL SOCIETY OF LONDON.—8½ P.M. Dr. Southey, "On Two Cases of Persistent Omphalo-Mesenteric Duct leading to fatal Intestinal Obstruction."—Mr. Teevan, "On the Treatment adopted in Four Cases of Impermeable Stricture."—Mr. Gant: "Spontaneous Gangrene of both Feet from Disease of the Heart; Amputation, Recovery, &c."—Dr. Broadbent, "On a Case of Paralysis due to Tumours in Pons and Medulla Oblongata."
ROYAL INSTITUTION.—9 P.M. Mr. J. Norman Lockyer, "On the Results of the last Eclipse Expedition."

Saturday, March 23.

HOSPITAL FOR WOMEN, Soho-square.—Operations, 9½ A.M.
ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
ROYAL FREE HOSPITAL.—Operations, 2 P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
KING'S COLLEGE HOSPITAL.—Operations, 1½ P.M.
CHARING-CROSS HOSPITAL.—Operations, 2 P.M.
ROYAL INSTITUTION.—3 P.M. Mr. Moncure D. Conway, "On Demonology."

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Advertisements (to ensure insertion the same week) should be delivered at the Office not later than Wednesday; those from the country must be accompanied by a remittance.